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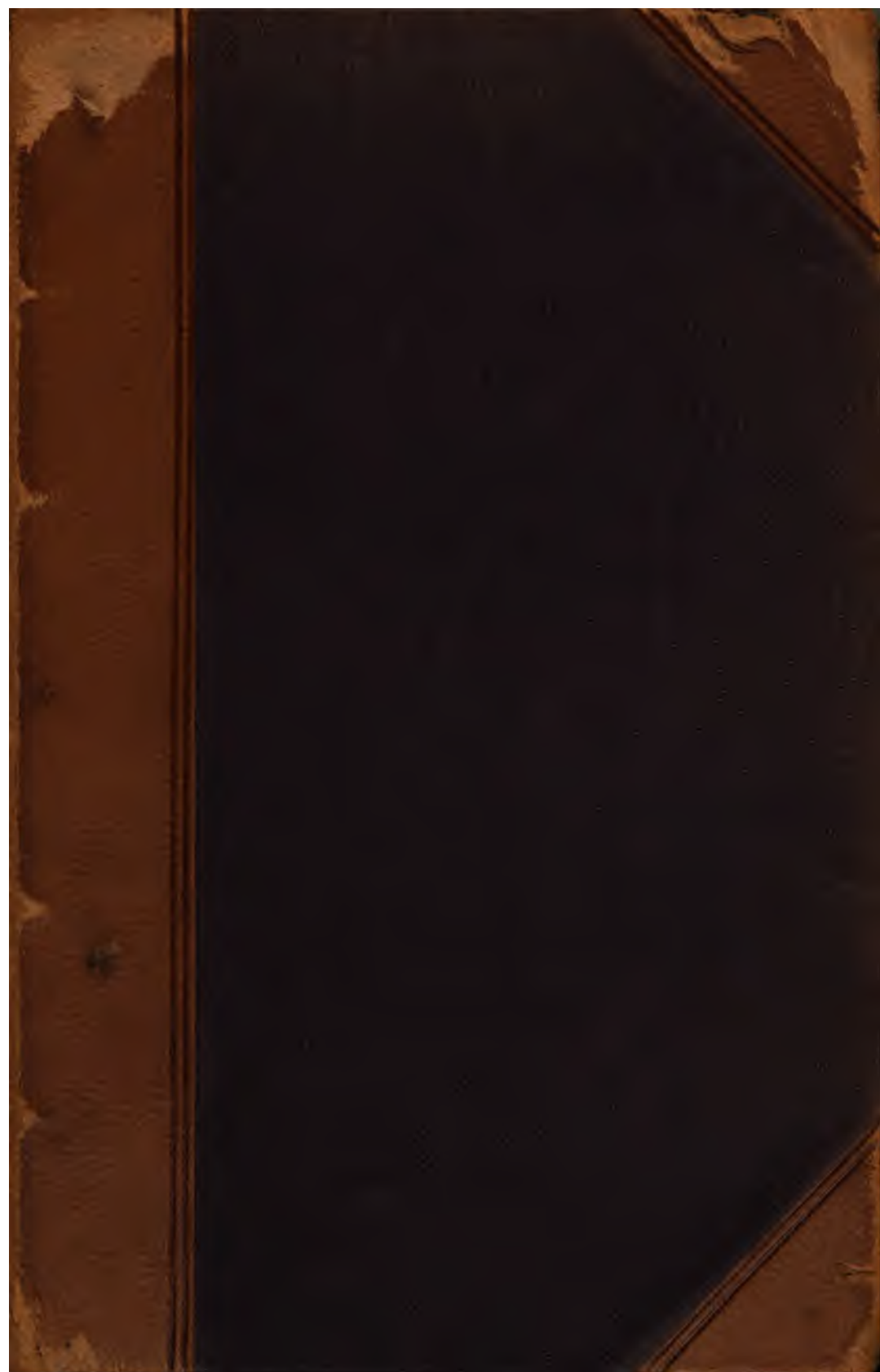
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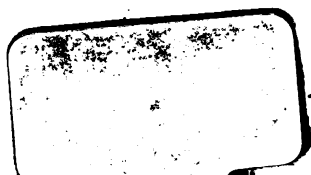
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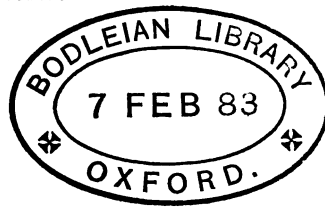
EDITED BY

LYTTLETON S. FORBES WINSLOW, M.B. D.C.L.

LECTURER ON MENTAL DISEASES, CHARING CROSS HOSPITAL.

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THE JOURNAL  
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ART. I.—PSYCHOLOGY IN OUR POETS.

It may appear paradoxical to collect illustrations of psychology from the poets, or the novelists, who may be legitimately regarded as prose-poets. But such authors are either of original native genius or of cultivated faculties and taste, and whether reproducing from their own consciousness, or from observation, the shadows as well as the sunshine which enlivens the human mind, could not fail to represent those conditions which give a prominence and character to individuals, whether these depend upon strength or weakness, health or disease. It may be even suggested that the very constitution of the intellect and emotions of writers of fiction, especially when imagination or fancy predominates, may possess intuitively a special power of penetrating into the errors, extravagancies, and exaltation which distinguish erratic, excited, or perverted natures. In a critical examination of the works of many of those who, through the supremacy of a strong and natural ideality have analysed the workings and wanderings of a morbid ideality, it becomes palpable that they have even learned to trace the prodromes or early indications of insanity, and have depicted the first stages of an unhinged or tottering intellect with a suspicion, if not the conviction, that they are dealing with what is abnormal rather than anomalous, which is unnatural rather than consistent. But where delineations of dipsomania, and such are now very numerous, and of senile dementia have been attempted, uncertain and equivocal opinions have been advanced. Many of these word-painters regard the first as habitual drunkenness, as a vice, as a moral rather than a morbid indication, as susceptible of cure or alleviation by the same process as is applied to evil passions and propensities;

while they treat the second not as a specific malady, but as the effects of old age and decay, as the lengthening shadows of the evening of life. It is not to be expected that such observers shall be vaticinatory, should be competent to trace in the orgies of the inebriate indications of gradual evolution into profound and incurable disease, or into the multiform deviations from sound intellect and rectitude which are predicable by science, but it is desirable that the melancholy close of such perversions should be recorded by our poets as well as by philosophers. It is not, of course, our purpose here to record either the errors or the success of those who have dealt with this subject. Our object is to present a broader and bolder exemplification of what men of genius have done in our department, and in order to accomplish this, it will only be necessary to quote a few specimens of the more noteworthy pictures preserved in the works of certain of our recent authors :—

#### IMBECILITY.

Sir Walter Scott lived from 1771 to 1832. During the earlier part of this long lifetime there existed but one asylum in Scotland, Montrose, which he unquestionably never entered, and which was appropriated as the old home of about fifty or sixty demented. When detention of the insane was resorted to, which was rarely the case, they were committed to the tender mercies of jailers or to the chains and bonds, or other modifications of durance vile, dictated by the equally tender mercies of parents or guardians. Nor were the interests of this unfortunate class cared for by a Board of Lunacy nor by any chrysalis form of that more perfect form of organisation. The author of *Waverley* had not, accordingly, a lazaret-house, like *Fuseli*, where he could observe and study, and in his mind's eye sketch the different forms of mental imperfection, extravagance, or perversion. Yet notwithstanding this apparent poverty of resources, the works of Scott present a greater number of illustrations of the aberrations to which the human mind is subject than those of any other writer extant. It is not that he throws off with unexampled prodigality and profusion particular forms or types of insanity with which his position, profession, reading might have rendered him familiar, and with which every man of ordinary observation and perspicacity must come into contact in the daily walk of life, but that he has presented, not merely some of the lineaments, but perfect living portraits of all the recognised species of madness, and that every volume which flowed from his fertile brain embodies some special aspect of the Neuroses. His works, in fact, constitute a perfect and delight-

ful Nosology. His creations are not merely meagre sketches on approximations to likeness. They are patients whom you have seen, pitied, or prescribed for. This extraordinary fertility finds a ready elucidation in the observation and genius of the bard acting upon the ample materials which occurred at every part and point of his native country at that time. Large numbers of lunatics roamed through the country unkempt, uncared for, and very often homeless. A small number of the class were still privileged and petted in the castles of the affluent, generally, however, because they were half-witted or useful, but the vast proportion affected some district, hamlet, homestead, where they were fed and fostered, or persecuted, but to which they invariably returned after more distant wanderings as to the place of their nativity or naturalisation, and where every act and trait of conduct or character were noticed and formed a staple element of local gossip. Traditions of the sayings and doings, and peculiarities of these outcasts, are still preserved, and reveal a wealth of humour, a diversity of gifts, and innumerable eccentricities which have died with the possessor, or have been obliterated by the rule and discipline of asylum life. If we add to this narrative that the habitations of our northern neighbours were, at this time, segregated into small distinct communities, of which the members were mutually known to each other, it may be understood in what manner idiots, imbeciles, and even maniacs, who were not destructive, formed prominent individuals, and drew upon themselves the attention not merely of their friends and patrons, but of every passer by, and especially of such keen and kindly critics as Walter Scott. Such cases might fix attention by the prominence of their symptoms, the pathetic aspects of their history, or by their painful and picturesque surroundings when the observer came into contact, as he often did, with the peasantry of his country, or while he sojourned in one of those secluded corners where every inhabitant was known, and every act watched and recorded. But our author's fancy took a wider range, and his picture-gallery includes not merely the erratic and fantastic village fools, but the insensate and absurd of the higher and the cultured and privileged ranks. Nor was it merely conspicuous examples of disease, the outrageous, the irritable, or glaring disturbers of society which he painted, as we have instances of the faintest departures from right reason, healthy deportment, and the recognised observances of society. We have Mumbazon and Dominie Sampson, in whom the mind seems to have been dwarfed or mummified by peculiarities of habits and pursuits, and by the lack of all natural external stimulus; we have Gurth, the son of Wamba the Witless,



whose limited and obtuse sagacity seems to have been still further obscured by the nature of his employment; we have Elspeth at Westburnfoot, in whom a few external impressions recalled the recollection of sad and stirring events in which she had been engaged, but which had been long buried in the oblivion of senile dementia, as flashes of summer lightning suddenly and for a moment illuminate the darkest spots in the landscape; we have the shadowy Clara Mowbray; the pythonesse Meg Merrilies, and many other striking complications of reason and derangement, folly and wisdom. But the scope of Sir Walter's discrimination did not stop even here. He knew that human intelligence and sound sentiment may be often moulded or warped by opinions, or convictions, or even feelings, which, although they do not destroy the capacity to judge or to act are so far impairments of health as to influence conduct as powerfully or more tyrannically than rational or recognised motive. We have his description of the sway, the omnipotence of delusions over an able, brave, calculating, and energetic character in the appearance and effect of the Bodach Glas over Fergus Mac Ivor. It matters not whether the author wrote as a sceptic or a believer in the reality of the vision. If he produced one of the most beautiful glimpses of the reign of superstition with which we are acquainted in the spirit of philosophical criticism, and desired merely to show the association of delusion with an otherwise sane mind, he has afforded but another proof of the extent and minuteness of his observation. But if he was actuated by credulity, by a belief in the reality of the apparition which ever announced to the family of the hero the approach of doom, he incorporated with fiction what was, even in his own time, the creed, expressed perhaps with hesitation, but assuredly cherished by many of those who belonged to the politico-religious party of which he may be fairly designated a relic. But the northern magician likewise knew that a large portion of the celtic inhabitants of Scotland were dominated by other and equally powerful faiths or fancies, as the belief in warning spirits or avengers, and that these mental conditions often reduced the mind to a state of alienation or perversion, the most notorious of these was, perhaps, Second Sight. Many of the readers of his romances will remember the splendid scene evoked by the heated imagination of Allen Macaulay in lining the walls of his paternal hall with armed Highlanders bearing blazing pine roots in contrast or competition with the silver candelabra of Musgrave Hall, which his brother had betted he could out rival. But an infinitely more interesting phase of this man's character is to be found in his early history, his dark hours and the visions which were to a large extent the principles alike of his belief and

action. His birth was preceded by a frightful tragedy; the outcast and proscribed clan, called the "children of the mist," murdered his uncle, brought the head of their victim to the sister, and in mockery demanded food. The effects upon the pregnant lady were repeated attacks of insanity, and during the recurrence of which her infant was born. This offspring endowed with intense hereditary taint, never passed into genuine childhood, or the joys and pleasures of early life; but became peculiar, gloomy, solitary in his habits; listened nightly and with avidity to the tales of bloodshed and mystery which must have formed the current conversation of his clansmen; sought solitude and revenge upon the feudal enemies who had destroyed his relatives, and reached manhood brave, enthusiastic and superstitiously insane. His malady is manifested in two forms, the first of these is correctly designated his "dark hours" when he is plunged in profound melancholy and reverie, almost trance, during which it would appear there was great moral suffering, and probably the presence of hallucinations, and from which he could only be roused or soothed, and restored to his natural condition by the music of a lute, played by a maiden to whom he was attached. He alludes to the paroxysms: "Be my visions from heaven or hell, or from the middle sphere of disembodied spirits—or be they, as the Saxons hold, but the delusions of an overheated fancy, &c." His disorder presented itself under the following circumstances, there was ever present to him a Highlander, armed with a dagger, whose figure, tartan, &c., he could distinctly see, but whose face was always averted. This was not merely a creation of the second sight, but embodied a prophecy which involved the life of a kinsman and rival. The seer had struggled against the influence of this apparition. He changed the contour of his own plaid, and resorted to all the measures known to his race as calculated to test the reality and issue of the impression, but all in vain, and he lived on ever haunted by this companion spirit, ever convinced that his kinsman's safety was jeopardised, and yielding passively to what all those around would have given their unqualified assent, and this even after the reversal of his plaid had, according to the authority of a gifted brother, infallibly proved by the imitation of the act on the part of his supernatural visitant, that his own hand and dirk would perpetrate the homicide.

But the author dealt with the deformed, as well as the transformed members of our race, and has produced the singular compounds of the rickety Black Dwarf, the hideous hob-goblin Flibberti Gibbet, the half fairy, whole intriguing, Fenella, the half savage Dugald Creature, and the redoubtable Sir Geoffrey Hudson of Pyecrust notoriety; but, to whatever

class belonging, a finer and a fairer model must have sat for Davie Gellatley, who may be accepted as a link between the attractive and repulsive characters encountered in the long series of which he may be regarded as the commencement; he is thus introduced to our acquaintance:—"Waverley began to despair of gaining entrance into this solitary and seemingly enchanted mansion, when a man advanced up one of the garden alleys, where he still retained his station. Trusting that this might be a gardener, or some domestic belonging to the house, Edward descended the steps in order to meet him, but as the figure approached, and long before he could descry its features, he was struck with the oddity of its appearance and gestures. Sometimes this mysterious wight held his hands clasped over his head like an Indian Jogue, in the attitude of penance; sometimes he swung them perpendicularly, like a pendulum, on each side; and anon he slapped them swiftly and repeatedly across his breast, like the substitute used by a hackney-coachman for his usual flogging exercise, when his cattle are idle upon the stand in a clear frosty day. His gait was as singular as his gestures, for at times he hopped with great perseverance on the right foot, then he exchanged that supporter to advance in the same manner on the left, and then putting his feet together, he hopped upon both at once. His attire, also, was antiquated and extravagant; it consisted in a sort of grey jerkin, with scarlet cuffs and slashed sleeves, showing a scarlet lining; the other parts of the dress corresponded in colour, not forgetting a pair of scarlet stockings, and a scarlet bonnet, proudly surmounted with a turkey's feather. Edward, whom he did not seem to observe, now perceived confirmation in his features of what the mien and gestures had already announced. It was apparently neither idiocy nor insanity which gave that wild, unsettled, irregular expression to a face which naturally was rather handsome, but something that resembled a compound of both, where the simplicity of the fool was mixed with the extravagance of a crazed imagination. He sang with great earnestness, and not without some taste, a fragment of an old Scottish ditty:—

False love, and hast thou play'd me this  
In summer among the flowers?  
I will repay thee back again  
In winter among the showers.  
Unless again, again, my love,  
Unless you turn again;  
As you with other maidens rove,  
I'll smile on other men.

"Here lifting up his eyes, which had hitherto been fixed in observing how his feet kept time to the tune, he beheld

Waverley, and instantly doff'd his cap, with many grotesque signals of surprise, respect, and salutation. Edward, though with little hope of receiving an answer to any constant question, requested to know whether Mr. Bradwardine were at home, or where he could find any of the domestics. The questioned party replied, and, like the witch of Thalaba, 'still his speech was song':

The knight's to the mountain  
His bugle to wind;  
The lady's to the greenwood  
Her garland to bind.

The bower of Burd Ellen  
Has moss on the floor,  
That the step of Lord William  
Be silent and sure.

This conveyed no information, and Edward, repeating his queries, received a rapid answer, in which, from the haste and peculiarity of the dialect, the word 'butler' was alone intelligible."

The members of Davie's class were rarely elevated to the lady's bowers, and the occasions when they were admitted to the parlour in order to amuse the laird by their oddities, whimsicalities, and real humour, must be relegated to an earlier period; but they were still tolerated in the kitchen to turn the roast, in the butler's pantry to clean the silver, as loiterers in the stable-yard, or even to groom the horses, as competent to clip salmon, to carry the sportsman's game, or, as in the present instance, to act in the humble capacity as master of the hounds. Accordingly, in the present instance, the extemporised whipper-in is found "in a grassy vale," leading two very tall staghounds, and presiding over half-a-dozen curs, and about as many bare-headed boys, who, to procure the chosen distinction of attending on the chase, had not failed to tickle his ears with the dulcet appellation of Maister Gellatley, though probably all and each had hooted him on former occasions in the character of "daft Davie." The next scene in which this graft of cleverness, cunning, and domestic attachment upon congenital imbecility is represented, rises thus before us, "'Ou ay, sir, I'll brander the moor-fowl that John Heatherblutter brought in this morning; and ye see puir Davie's roasting the black hen's eggs. I daur say, Mr. Wauverley, ye never ken'd that a' the eggs that were sae weel roasted at supper in the Ha'house were aye turned by our Davie?—there's no the like o' him ony gate for poutering wi' his fingers amang the het peat-ashes and roasting eggs.' Davie all this while lay with his nose almost in the fire, nuzzling

among the ashes, kicking his heels, mumbling to himself, turning the eggs as they lay in the hot embers, as if to confute the proverb that 'there goes reason to roasting of eggs,' and justify the eulogium which poor Janet poured out upon

Him whom she loved, her idiot boy.

'Davie's no sae silly as folk tak' him for, Mr. Wauverley; he wadna hae brought you here unless he had ken'd ye was a friend to his honour; indeed, the very dogs ken'd ye, Mr. Wauverley, for ye was aye kind to beast and body.'

The final appearance of the imbecile was

When war its deadly blast had blown,

and the baronial hall and its trim, well-ordered terraces and approaches had suffered from the ravages of the spoiler and the enemy.

"While, plunged in the sad reflections which the scene excited, Waverley was looking around for some one who might explain the fate of the inhabitants, he heard a voice from the interior of the building, singing in well-remembered accents an old Scottish song:

They came upon us in the night,  
And brake my bower and slew my knight:  
My servants a' for life did flee,  
And left us in extremitie.

They slew my knight, to me sae dear;  
They slew my knight, and drave his gear;  
The moon may set, the sun may rise.  
But a deadly sleep has closed his eyes.

'Alas!' thought Edward, 'is it thou? Poor helpless being, art thou alone left, to gibber and moan, and fill with thy wild and unconnected scraps of minstrelsy the halls that protected thee?' He then called, first low, and then louder, 'Davie—Davie Gellatley!'

"The poor simpleton showed himself from among the ruins of a sort of greenhouse, that once terminated what was called the terrace-walk but, at first sight of a stranger, retreated as if in terror. Waverley, remembering his habits, began to whistle a tune to which he was partial, which Davie had expressed great pleasure in listening to, and had picked up from him by ear. Our hero's minstrelsy no more equalled that of Blondel than poor Davie resembled Cœur-de-Lion, but the melody had the same effect of producing recognition. Davie again stole from his lurking-place, but timidly, while Waverley, afraid of frightening him, stood making the most encouraging signals he could devise. 'It's his ghaist,' mut-

tered Davie ; yet, coming nearer, he seemed to acknowledge his living acquaintance. The poor fool himself appeared the ghost of what he had been. The peculiar dress in which he had been attired in better days, showed only miserable rags of its whimsical finery, the lack of which was oddly supplied by the remnants of tapestried hangings, window curtains, and shreds of pictures, with which he had bedizened his tatters. His face, too, had lost its vacant and careless air, and the poor creature looked hollowed-eyed, meagre, half-starved, and nervous to a pitiable degree. After long hesitation he at length approached Waverley with some confidence, stared him sadly in the face, and said, 'A' dead and gane—a' dead and gane!'

" 'Who are dead?' said Waverley, forgetting the incapacity of Davie to hold any connected discourse.

" "Baron—and Bailie—and Saunders Saunderson—and Lady Rose, that sang sae sweet—A' dead and gane—dead, and gane!'

But follow, follow me,  
While glow-worms' light the lea  
I'll show ye where the dead should be—  
Each in his shroud,  
While winds pipe loud,  
And the red moon peeps dim through the cloud,  
Follow, follow me;  
Brave should he be  
That treads by night the dead man's lea.'"<sup>\*</sup>

Exception might be taken to the faculty and fertility of the invention or memory of this half-witted and educated creature in pouring forth, as an improvisatore might have done, these scraps of national ballads and ditties; but the incident demonstrates how thoroughly the artist had made himself acquainted with all the possible characteristics and even requirements of the class, and how elaborately he had depicted this specimen, so that it might be at once typical, attractive, and in harmony with the surroundings. Examples of solitary talents springing from a general waste of mind are not unique. Besides the enormous accumulation of poetical and other literary compositions which might be found by those curious in such matters in the separate works which have issued from the press, in various asylums, and especially in the periodicals which have appeared from the same source, especially in America and Scotland, one of these having now reached the thirty-sixth year of its existence. Delapierre, in his "*Histoire Littéraire Des Fous*," records the names of Arcilla, Guillaume Dubois, and Nathaniel Lee, who still displayed their original genius after they had been reduced to imbecility or mental feebleness by the more acute forms of disease.

<sup>\*</sup> Waverley, *passim*.

M. Billod has given a specimen of incoherence in verse. The lines were not, however, extemporised, nor did rhyme form the patient's ordinary form of communication. The composition is part of a poem produced by a patient labouring under what is styled "geographic or historic association," in which places and persons seem to suggest the course of the thoughts :

Viens, viens, mon très cher Eugène,  
Viens, viens, revoir la carène :  
L'Indoste suit toujours Tamerlan :  
Tu prends le casque de l'éperlan ;  
Tu vas renaitre sur le mont Acide  
On y place l'étendard d'Acide.  
Tu porteras chez nous la sainte dague,  
Tu verras les clochers de Copenhague.

Incoherence in itself affords many faint shadowings of the disruption of recondite mental relations, of errors within errors ; but quotations showing the effect of association of ideas directed by the sound of the sign must suffice. An illustration of a modification of this relation was afforded in the case of a person who could still construct his sentences according to the ordinary mode, but who was guided in his choice of expressions by the sound of the terminal syllable or word, or by some rude notion of rhyme. So dominant and necessary did this tendency appear to be that he paused to consider the appropriate word ; sacrificed every pretension to sense or reason, and embraced every incongruity and absurdity with a view to accomplish his object. If he concluded a phrase by the word "remorse," it was certain that "horse" or "worse" would occupy a similar place in that which followed ; if he used "firkin," gherkin was immediately suggested ; and while he continued to make his harangue a vehicle for his wishes, and for sneers at those around, if he failed to summon up a term which harmonised with "coverlet," he immediately adopted plover-wit, or some term equally euphonious and absurd. A patient for three consecutive days vociferated incessantly words terminating in *ation*, or rather he added to every word that occurred to him that syllable ; while many others whom we have observed chant or sing whatever they have to say. We have memoranda of a lady who, unguided by cadence or rhyme, seems to have been influenced by the sound of the principal word of the sentence. Some of her observations follow : "The stick she had was the handle of a pick to dig potatoes, and peas and plums ; but the dog dragged the dust through the mignonette, and made sad work with the willow wands, and the sands on the sea-shore. Give me that book, the crook of the blot—Lot's wife was a witch and a pillar of salt and of sorrow." Another illustration has occurred in our practice. Amid great incoherence it

was evident that a word in one sentence almost invariably suggested the succeeding thought and sentence. The following paragraph may be said to have been dictated by her: "The shells, the beautiful pink shells, cast upon the sea-shore require fifty days to consolidate; but then marble coffins are expensive, and will not make into statues. And then they speak of their Venus, but for my part I would rather go to Carlisle than Venice, for I have an old pier glass, that my ancestors got from Lord Stair, and he was a peer, and he had steps to his castle, and did not wander from our communion, for it takes fifty years for their progress. Mr. S. was a hundred and four, but what is time to the fair flowers, and the thyme that feeds the birds and the bees?" (*Journal of Psychological Medicine*, 1st Series.)

#### MANIA.

Mania implied, at no very distant date, vehemence, violence, strife, or struggle, or some outrage which endangered life or limb, or property, or the breach of some conventionalities of society. Many of the symptoms which gave to this epithet its formidable name and reputation have disappeared, or greatly diminished in intensity and frequency. In order to estimate the fury of the patients affected with the disease, or the fears of those who were expected to control them, it would be necessary to visit certain of the collections of the apparatus and instruments employed in effecting this control or coercion, which are still preserved on the continent. In these museums may be seen in linen, leather, wood, iron, every conceivable contrivance by means of which the limbs of the resisting and refractory were rendered motionless, or the whole body was reduced to the state and aspect of a mummy. There were chains, locks, belts, straps; there were chairs, boxes, coffin-looking caskets, provided with breathing and seeing apertures, in which the patient was confined in a state of complete immobility for indefinite periods of time; there were broad bandages of linen, of almost interminable length, in which the body was rolled or swathed until it resembled an Indian papoose and could be moved about as an inanimate piece of furniture. A more easily accessible mode of becoming familiar with such devices, all dictated, be it observed, by humanity or pusillanimity, will be found by reference to Guislain's "*Histoire d'Alienation Mentale*," where representations of all the machines which have been alluded to, and many more, are inserted. It is probable that the extreme length to which restraint was carried, whether justifiable or not, was the origin of that revulsion of feeling, or opinion, which



has latterly reduced such interference with personal liberty to a minimum. It is, moreover, probable that the very discontinuance of this practice, associated as it has been with great ameliorations in the condition and management of the insane, may have contributed to conduce to that change of type, that milder form of mental excitement which now characterises mania, and which renders it difficult to distinguish between the different species of madness, or to believe that the individuals with whom we may come in contact in our passage through an asylum are of wild or erratic unsoundness, and that their quietude and composure are solely the result of the influence of hospital regulations and general treatment.

It would be absurd to suppose that the author of the "Tales of my Landlord," even when wrapt in poetic or prophetic vision, could have foreseen and predicted this change in the features of the malady he describes; and adopting more moderate views, we must suppose that he had become acquainted with different degrees or species of the affection; that he detected in these a total overturn of the intellectual and emotional faculties, but not necessarily frantic and dangerous conduct; that he discovered that the wildness and wandering were rather in the thoughts and feelings of the maniac than in the conduct, and that the menaces and apprehensions which paralysed and deceived the beholder were the offspring of his own imagination or cowardice.

Let Madge Wildfire, with the exhibition of that clever, cunning, and euphoria which distinguishes many of her class, speak for herself. "The officer retired, and introduced upon his return, a tall, strapping wench of 18 or 20, dressed fantastically in a sort of blue riding jacket, with tarnished lace, her hair clubbed like that of a man, a highland bonnet, and a bunch of broken feathers, a riding shirt (or petticoat) of scarlet camlet, embroidered with tarnished flowers. Her features were coarse and masculine, yet at a little distance, by dint of very bright wild-looking black eyes, an aquiline nose, and a commanding profile, appeared rather handsome. She flourished the switch she held in her hand, dropped a courtsey as low as a lady at a birth-night introduction, recovered herself, seemingly, according to Touchstone's directions to Audrey, and opened the conversation without waiting till any questions were asked.

"God give your honour gude een, and many o' them, bonny Mr. Sharpetlaw; Gude een to ye, Daddie Ratton; they tauld me ye were hanged, man; or did ye get out o' John Dalgliesh's hands, like half-hanget Maggie Dickson.'

"Whisht, ye daft jaud,' said Ratcliffe, 'and hear what's said to ye.'

“‘Wi’ a’ my heart, Ratton. Great preferment for poor Madge to be brought up the street wi’ a grand man, wi’ a coat a’ passemented wi’ worset-lace, to speak wi’ provosts, and bailies, and town-clerks, and prokitors, at this time o’ day—and the hale town looking at me, too—this is honour on earth for anes.’

“‘Ay, Madge,’ said Mr. Sharpetlaw, in a coaxing tone, ‘and ye’re dressed out in your braws, I see, these are not your every-day’s claiths ye have on.’

“‘De’il be in my fingers, then,’ said Madge; ‘Eh, sirs,’ (observing Butler come into the apartment) ‘there’s a minister in the Talboth, wha will ca it a graceless place, now? I’ll warrant he’s in for the guid auld cause—but it’s be nae cause o’ mine,’ and off she went into a song—

Hey for cavaliers, ho for cavaliers,  
Dub a dub dub a dub;  
Have at old Beelzebub,—  
Oliver’s running for fear,

“‘I’m Madge Wildfire,’ said she, ‘and that I have ever been since I was something better—heigh ho!’ (and something like melancholy dwelt on her features for a minute)—‘but I canna mind when that was; it was a long syne at ony rate, and I’ll ne’er fash my thumb about it.’

I glance like the wildfire through country and town;  
I’m seen in the causeway—I’m seen on the down;  
The lightning that flashes so bright and so free,  
Is scarcely so blythe or so bonny as me.

“‘Do sae, minister—do sae,’ cried Madge, ‘I am as weel worth looking at as ony book in your aught. And I can say the single carritch, and the double carritch, and justification, and effectual calling, and the assembly of devines at Westminster, that is,’ (she added in a low tone) ‘I could say them anes—but it’s lang syne—and ane forgets, ye ken.’ And poor Madge heaved another sigh.’

“By this time they had gained the deepest part of a patch of woodland. The trees were a little separated from each other, and at the foot of one of them, a beautiful poplar, was a hillock of moss, such as the poet of Grasmere has described in the motto to our chapter. So soon as she arrived at this spot, Madge Wildfire, joining her hands above her head, with a loud scream that resembled laughter, flung herself all at once upon the spot, and remained lying there motionless.

“Jeanie addressed her in a soothing tone and endeavoured to raise up the forlorn creature. She effected this with difficulty, and, as she placed her against the tree in a sitting posture, she observed with surprise that her complexion, usually florid, was now deadly pale, and that her face was bathed in tears——

“‘I’ll tell ye a’ about it, for ye are a decent man’s daughter—Douce Davie Deans, ye ken—and may-be ye’ll can teach me to find out the narrow way and the straight path, for I have been burning bricks in Egypt, and walking through the weary wilderness of Sinai for lang and mony a-day. But whenever I think about mine errors, I am like to cover my lip for shame.’ Here she looked up and smiled. ‘It’s a strange thing noo—I hae spoke mair gude words to you in ten minutes than I wad speak to my mother in as mony years—it’s no that I dinna think on them; and whiles they are just at my tongue’s end but then comes the devil, and brushes my lips with his black wing, and lays his broad, black hoof on my mouth, &c.’ . . .

“Jeanie endeavoured to bring her back to the confessional, but the fancy was gone by. In fact, the mind of this deranged being resembled nothing so much as a quantity of dry leaves which may for a few minutes remain still, but are instantly discomposed and put in motion by the first casual breath of air. She had now got John Bunyan’s parable into her head, to the exclusion of everything else, and on she went with great volubility.

“‘Did ye never read the “Pilgrim’s Progress”? And ye shall be the woman Christiana, and I will be the maiden Mercy, for ye ken Mercy was of the fairer countenance, and she was mored alluring than her companion, and if I had my little messan dog here, it would be Great Heart their guide, ye ken, for he was e’en as bauld that he wad bark at ony thing twenty times his size; and that was e’en the death of him.’

“‘It’s very true,’ said Madge, shaking her head; ‘but then I maunna think on my puir bit doggie, Snap, when I saw it lying dying in the gutter. But it’s just as weel, for it suffered baith cauld and hunger when it was living, and in the grave there is rest for a’ things—rest for the doggie, and my puir bairn, and me.’

“Notwithstanding Jeanie’s puritanical repugnance to the kist fu’ o’ whistles, and the prelatial place of worship from which it sounded, she, like a hunted animal, willingly took shelter in this interdicted refuge.

"No sooner had Madge put her foot upon the pavement, and become sensible that she was the object of attention to the spectators, than she resumed all the fantastic extravagance of deportment which some transient touch of melancholy had banished for an instant. She swam rather than walked up the centre aisle, dragging Jeanie after her, whom she held fast by the hand. She would, indeed, have fain slipped aside into the pew nearest the door, and left Madge to ascend in her own manner, and alone, to the high places of the synagogue; but this was impossible, without a degree of violent resistance, which seemed to her inconsistent with the time and place, and she was accordingly led in captivity up the whole length of the church by her grotesque conductress, who, with half-shut eyes, a prim smile upon her lips, and a mincing motion with her hands, which corresponded with the delicate and affected pace at which she was pleased to move, seemed to take the general stare of the congregation, which such an exhibition necessarily excited, as a high compliment, and which she returned by nods and half-curtseys to individuals amongst the audience whom she seemed to distinguish as acquaintances. Her absurdity was enhanced in the eyes of the spectators by the strange contrast which she formed to her companion, who, with dishevelled hair, downcast eyes, and a face glowing with shame, was dragged as it were in triumph after her.

"Madge's airs were at length fortunately cut short by her encountering in her progress the looks of the clergyman, who fixed upon her a glance at once steady, compassionate, and admonitory. She hastily opened an empty pew which happened to be near her, and entered, dragging Jeanie in after her. Kicking Jeanie on the shins by way of hint that she should follow her example, she sunk her head upon her hand for the space of a minute. Jeanie, to whom this posture of mental devotion was entirely new, did not attempt to do the like, but looked round her with a bewildered stare, which her neighbours, judging from the company in which they saw her, very naturally ascribed to insanity. Every person in their immediate vicinity drew back from this extraordinary couple as far as the limits of their pew permitted, but one old man could not get beyond Madge's reach ere she had snatched the prayer-book from his hand and ascertained the lesson of the day. She then turned up the ritual, with the most overstrained enthusiasm of gesture and manner."

#### THEOMANIA.

The diseases and delusions of the insane are sometimes created, or at least coloured, by the follies, weaknesses

fancies, and temperament of the population of which they form a part, as well as by the climate in which they live. This truth becomes still more striking when applied to the religious opinions and to the supersensuous and supernatural beliefs which still linger among the partially educated, nay, even find a lurking-place in the fears and emotions of the sensitive and susceptible, whether educated or not. Climate and weather are supposed to have their efficacy, and while providing an appropriate heaven for the gods of Scandinavia, to have darkened the waking dreams and apprehensions of those who are no longer worshippers. The hideous gibbering ghosts of the North have been compared with the sprightly and blooming, and even alluring, fairies of the South, while the phantasms which torment the unhealthy brain of the semi-arctic regions partake of the gloom and protracted winter which reign around. We have the *Mania Transitoria* of Finland, the *Nostalgia* of Switzerland, and the *Neuroses*, which imitate the steps and stages of the different species of *ague* of the marshy tracks which occur along the borders of the Rhine. Although lying somewhat outside the ordinary paths of knowledge, Sir Walter Scott doubtless knew of this, and has given to derangement—founded upon sorcery and superstition, a most impressive and romantic local habitation and name.

“The woman who pronounced this singular tirade was as striking in appearance as extravagantly lofty in her pretensions and in her language. She might well have represented on the stage, so far as features, voice, and stature were concerned, the *Bonduca* or *Boadiceæ*, of the Britons, or the sage *Velleda*, *Acerinia*, or any other fated pythoness, who ever led to battle a tribe of the ancient Goths. Her features were high and well formed, and would have been handsome but for the ravages of time, and the effects of exposure to the severe weather of her country. Age, and perhaps sorrow, had quenched, in some degree, the fire of a dark blue eye, whose hue almost approached to black, and had sprinkled snow on such parts of her tresses as had escaped from under her cap, and were dishevelled by the rigour of the storm. Her upper garment, which dripped with water, was of a coarse, dark-coloured stuff, called *wadmaal*, then much used in the *Zetland* Islands, as also in *Iceland* and *Norway*. But as she threw this cloak back from her shoulders, a short jacket of dark-blue velvet, stamped with figures, became visible, and the vest which corresponded to it was of crimson colour, and embroidered with tarnished silver. Her girdle was plaited with silver ornaments, cut into the shape of planetary signs; her blue apron was embroidered with similar devices, and covered a petticoat of crimson cloth. Strong, thick, enduring

shoes, of the half-dressed leather of the country, were tied with straps like those of the Roman buskins, over her scarlet stockings. She wore in her belt an ambiguous-looking weapon, which might pass for a sacrificing knife, or dagger, as the imagination of the spectator chose to assign to the wearer the character of a priestess or of sorceress. In her hand she held a staff, squared on all sides, and engraved with Runic characters and figures, forming one of those portable and perpetual calendars which were used among the ancient natives of Scandinavia, and which, to a superstitious eye, might have passed for a divining rod."

"Such were the appearance, features, and attire of Norna of the Fitful-head, upon whom many of the inhabitants of the island looked with observance, many with fear, and almost all with a sort of veneration. Less frequent circumstances of suspicion would, in any other part of Scotland, have exposed her to the investigation of those cruel inquisitors, who were then often invested with the delegated authority of the Privy Council, for the purpose of persecuting, torturing, and finally consigning to the flames those who were accused of witchcraft or sorcery.

"Among those who were supposed to be in league with disembodied spirits, this Norna, descended from, and representative of, a family which had long pretended to such gifts, was so eminent that the name assigned to her, which signifies one of those fatal sisters who weave the web of human fate, had been conferred in honour of her supernatural powers. The name by which she had been actually christened was carefully concealed by herself and her parents; for to its discovery they superstitiously annexed some fatal consequences. In those days the doubt only occurred whether her supposed powers were acquired by lawful means. In our days, it would have been questioned whether she was an impostor or whether her imagination was so deeply impressed with the mysteries of her supposed art, that she might be in some degree a believer in her own pretensions to supernatural knowledge. Certain it is that she performed her part with such undoubting confidence and such striking dignity of look and action, and evinced, at the same time, such strength of language and energy of purpose that it would have been difficult for the greatest sceptic to have doubted the reality of her enthusiasm, though he might smile at the pretensions to which it gave rise."

Closer intercourse with this claimant of subterranean, as well as supernatural power, discloses the broad margin where enthusiasm becomes the delirium and delusion of divine pretension, and where the local pythoness merges in the theomaniac. Magnus

Troil resolved to seek aid from the skill or enchantments of a priestess or a physician of a faith or a knowledge, still trusted in by many of the islanders, and visited the sybil in her half-ruined dwelling on the Peak of Burghead, with his daughters, one of whom was to be her patient or victim, as the case may be. They found their adviser "in a darkened apartment amidst a confused collection of books of various languages, parchment scrolls, tablets, and stones inscribed with the straight and angular characters of the Runic alphabet and similar articles which the vulgar connected with the exercise of the forbidden arts. There were also lying in the chamber, or hung over the rude and ill-contrived chimney, an old shirt of mail, with the head-piece, battle-axe, and lance which had once belonged to it." There were likewise arranged around fancied thunderbolts, celts, a sacrificial knife, &c., and to add to the grimness of the scene, there growled in a corner a half-tamed seal.

After an altercation as to her gifts and deportments, the tremulous Minna is at length seated in a chair "which was composed of stone, formed by the rough and unskilful hand of some ancient Gothic artist." The girl having indicated her heart as the seat of the malady, Norna "threw off her long dark-coloured mantle, and stood before them in her short jacket of light-blue wadmaal, with its skirt of the same stuff, fancifully embroidered with black velvet, and bound at the waist with a chain or girdle of silver, formed into singular devices. She then placed a small crucible upon a chafing dish, dropped a few drops from a vial on the charcoal below, pointed towards it her wrinkled fore-finger, which she had previously moistened with liquid from another small bottle, and said with a deep voice, 'Fire, do thy duty;' and the words were no sooner spoken than, probably by some chemical combination of which the spectators were not aware, the charcoal which was under the crucible became slowly ignited; while Norna, as if impatient of the delay, threw hastily back her disordered tresses, and, while her features reflected back the sparkles and red light of the fire, and her eyes flashed from amongst her hair like those of a wild animal from its cover, blew fiercely, till the whole was in an intense glow. She paused a moment from her toil, and muttering that the elemental spirit must be thanked, recited in her usual monotonous, yet wild, mode of chanting, the following verse :

Thou so needful yet so dread,  
With cloudy crest and wing of red;  
Thou, without whose genial breath,  
The north would sleep the sleep of death;  
Who deigns't to warm the cottage hearth,  
Yet hurl'st proud palaces to earth,

Brightest, keenest, of the Powers,  
Which form and rule this world of ours !  
With my rhyme of Runic, I  
Thank thee for thy agency.

By means of the flame a portion of lead was melted, cast into water, and the fantastic forms which it is thus made to assume, and with which every schoolboy is familiar, were then carefully examined. Norna, meanwhile, is either gesticulating wildly in the apartment, tearing her hair, opening the window in order to invoke the genii of light, and air, and ocean, improvising addresses to these and more obscure powers, or interrupting these incantations or orisons to the unseen beings whose interference she craved, in order to address personal warnings and advice to her patient, who seems to have become a disciple. Failure having attended the first essay with the metal, it is again molten and cast into the water, with fresh ceremonies and even improvised threats and warnings to the influences which she attempted to bend to her own will. At length, after a minute search among the morsels of lead, a portion is discovered by the experimenter presenting a fantastic resemblance to a human heart. This resemblance is hailed by the sorceress as a realisation of all her hopes and wishes, and as affording the means of restoring to the anxious Minna her original health and happiness. The symbol, or perhaps the charm, for Norna evidently acts in good faith, and believes with a superstitious dread in the efficacy of the miracle she has accomplished, is suspended to golden wires and chains, and hung around the neck of the individual whom it is to supply with a new heart, and with all the feelings and affections which are supposed to be connected with this organ. Norna's last words indicate her personal belief in her power of healing, of penetrating the darkness of futurity, of possessing prophecy and prevision, and of bending coming events, and the laws by which these are regulated, to her own purposes.

#### ACUTE MANIA WITH DELUSIONS.

The Reverend George Crabbe was originally educated in Medicine, and had actually engaged in its practice so that either during his studies in some of the London hospitals, or in his visits to the humbler classes of his patients, he must have seen, cursorily it may be, some of the more striking forms of mental disease. It is certain that had such an impressive event crossed his path, the impression would have been reproduced with all that marvellous accuracy and minuteness with which he depicts every scene that met his eye, from the aspect of the hall to the



flat meadows, the pollard trees, and sluggish streams, with which he was familiar, and which may have reacted in the formation of that measured, equable, tame, but eminently descriptive versification which was his characteristic. It is, however, much more probable, that, considering his position as a country clergyman, most faithfully discharging his duties, whether these led him to the altar or to the pauper's hovel, that his opportunities of coming closely into contact with insanity, or, rather, with some of the perversions of mind which simulate insanity, would be in the parochial almshouse or the workhouse of the adjoining town. The same sympathy, or clerical responsibility, which led him to the interior of prisons, would inevitably make him a frequent visitor to the poor, the enfeebled, and decayed, whether in their own homes or in public institutions. What Crabbe wrote, some sixty years ago, presented a very sad and solemn picture. The almshouse was not merely a retreat for the poor, the aged, the infirm or the deserted, but it was a place of detention for many of the dissolute, the depraved, and the diseased classes. In our more discriminating and differentiating days vigorous and successful efforts have been made to separate these very discordant elements, and to eliminate from the general mass of decay and putrescence the individuals who owed their misfortunes to natural and unavoidable causes, and not to vice or profligacy. Throughout Britain a very large proportion of the insane are placed in hospitals specially adapted for their reception and treatment; in Scotland distinct buildings, or wards, are appropriated to those of imperfect or perverted intelligence in the great majority of poorhouses; and in England, where special portions of the building have not been allocated to imbeciles, demented, and such cases of unhealthy mind as await transmission to the public asylum, great exertions are made to segregate them, and to protect them from the evils of communication with the other members of the community. Indeed, except in the instances of Caterham, Leavesden, and so on, where an opposite tendency has been manifested, classification may be regarded as one of the indications of progress in the domestication and management of lunatics. In these succursal establishments, which may be designated vast charnel-houses for the entombment of the morally and mentally dead of the metropolitan poor, you may positively pass through hundreds of unfortunate sufferers from mental decay, and yet you may not encounter a solitary illustration of what would be popularly accepted as madness. You will see the congenital idiot, the mind from which the faculties have been blotted out by intemperance; the dotard, who is sinking under the complication of "second

childishness" and paralysis, and the victim of sin, syphilis, and, it may be, of crimes unrevealed to any confessor.

It is not our present purpose either to condemn or even to criticise such arrangements, but solely to suggest that, from such materials, upon a very small scale, Crabbe must have obtained the colours of the picture which he has limned. He represents a rude unprincipled and violent fisherman who, after escaping from the commission of parricide, gradually deteriorates into more distinct and determinate crimes, instigated either by the greed of gain or by his cold-blooded and uncontrolled passion. "He fished by water and he filched by land." Solitary in his avarice as well as in his other habits, he extemporised a mud hovel where he dwelt, dreaming of the pleasures of the possession of power. This rude vision he realised by engaging, although buying is the proper word, from the London workhouses where such a traffic was then sanctioned, three boys, ostensibly for the purpose of assisting him in his trade, but really that he might play the part of master, ruler, tyrant. These helpless urchins, after toiling in his service, he either directly or indirectly murdered.

We next hear of this blood-stained boor when remorse has obviously asserted some sway in his imaginings, "dull and hopeless, lie down"—

When tides are neap, and, in the sultry day,  
Through the tall bounding mud-banks made their way,  
Which on each side rose swelling, and below  
The dark warm flood ran silently and slow;  
There anchoring he essayed to hide,  
There hang his head, and view the lazy tide  
In its hot slimy channel slowly glide.

Physical health next gives way, and prostrated either by fever or frenzy—

Cold nervous tremours shook his sturdy frame,  
And strange disease, he couldn't say the name;  
Wild were his dreams, and oft he rose in fright,  
Waked by his view of horrors in the night—  
Horrors that would the sternest mind amaze,  
Horrors that demons might be proud to raise.

At this stage of his distemper he is depicted as occupying his boat on the river, without apparent aim or object, unprovided with any of the instruments of his craft, but gazing moodily and gloomily on the stream as it crept lazily among the sedges. As a natural issue of this stage of incubation

Furious he grew, and up the country ran,  
And there they seized him—a distemper'd man;  
Him we received, and to a parish bed,  
Follow'd and cursed, the groaning man was led.

There paralysed by fear and incipient madness he reveals his harrowing reveries to the attendants surrounding his bed, and

conjures them to look upon the phantoms by whom he was pursued and persecuted. Still in fancy floating on the river he sees three figures rise from the depths below, one of an aged man, who shook his hoary locks and froze the gazer by a look, holding in either hand a thin, pale boy, whose features were too vividly remembered. It might be from the bosom of a dark still pool, or from the reaches which swept inland, or from the sparkling waves of the ripples "unheard by day," which marked the pebbly floor below; but wherever he seemed to row, wherever his glaring eye rested, there haunted him the spectres which he dreaded, from which he fled but from which he never could escape, for even the ominous warnings of the aged ghost "come, come," crept along the stream. The frightful images conjured up by the incoherent ravings of the sufferer, are represented as inspiring even his auditors with terror, especially when in the last awful death-struggle he repeated the words "come, come." By many minds this death-bed scene, which has been shorn of some of its revolting features, may be dismissed as the fanciful creation of a sad or sickly imagination. But the description suggests other interpretations. The water-spirits who flit before the panic-stricken penitent may be pictures traced by conscience, the ghastly photographs and gibberings of real events, but which the sufferer still knows to be unreal. Or, these water-spirits may be delusions called up in delirium and cerebral disease actually seen and heard by their victim. Or, these visions may be hybrids of both conditions, they may be hallucinations embodying the pangs of guilt as well as the phenomena arising from changes going on contemporaneously in the brain. It is believed that Crabbe painted from nature, and that his pictures or sketches were faithful reproductions of what he had met with in his official life. All his transcripts may be said to be plano-convex, there is first the flat surface of unornamented fact and then a slightly raised addition of invention. Of this nature, may be the story of the fisherman. Designedly the tale may have been intended to shadow forth the effects of the combination of crime and cerebral disease, of physical and psychical symptoms; and it is most desirable that such an example should be followed, and that the modifications induced in the specific Neuroses by hereditary tendencies, by education, profession, mode of life, and above all, by complications with bodily diseases, should be more rigidly and accurately determined and recorded than they have hitherto been.

#### IDIOCY.

ABOUT thirty years ago Dr. (subsequently Commissioner) Gaskell published a paper, descriptive of the numerous weak-minded

individuals encountered in the ranges of hills which surround or traverse Lancashire, Cumberland, &c. These persons were either simpletons, imbeciles, idiots, or presented the various degrees of imperfect intelligence which connect rudimentary with mature intelligence. Certain of the class were cretinoid, but the majority were conspicuous chiefly by their dwarfish stature, their repulsive features, shambling gait, and mutism or odd articulation. They were generally harmless, sometimes merely the pets or the persecuted outcasts of the village; sometimes they were industrious and resided with the family to which they belonged; but in no instance, whatever might be their condition, capacity, or surroundings, did there exist at that time any means or arrangements by which they could be protected from the effects of their own degraded habits, or of the cruelty or indifference of those around, or by which they could be elevated above their original state, and so far educated and trained that, if not useful to the community, they might possess resources within themselves which would increase their happiness or enjoyments, and widen the range of the limited faculties with which they had been endowed. It has been affirmed upon good authority that this opening up and expanding the child-like mind has been so far advanced and so successful as to impart to the untractable pupil conceptions of Deity, and of the Christian revelation. The stunted mountaineers of whom Dr. Gaskell wrote, may now be found either in the Albert Institution for Idiots or in the county asylums, shielded and sheltered, and undergoing such education as may be adapted to develop whatever physical or mental powers they may be possessed. Long before the philanthropist had embraced the subject, the poet Wordsworth had doubtless become familiar with many of these grotesque urchins in his wanderings in the dales and among the mountains, which so richly contribute to render his works a local picture, as well as a poem addressed to the world. It is not rash to affirm that Johnny Foy was a member of the neglected or degraded class. It would be absurd, however, to go further, or to believe that the object of the poet was to celebrate or to record the idiot boy. The simple ballad was intended in all probability to demonstrate certain of the principles or peculiarities of the Lake School of thought. It may have been designed to show that the beauties of nature shine through not merely grotesqueness and uncouthness of diction, but in despite of the conventional euphony, the sentiment, and the picturesqueness which raise even compositions of this kind to the rank of poetry. There may have been even a covert desire to connect romance with the lowliest grade of life, the baldest histories, and

the vulgar events of a remote hamlet. The tale is of the rudest and the simplest. Two old women inhabit adjoining cottages, one of whom is writhing in pain and impatient for medical aid, which can only be drawn from a distant town. The other, moved by sympathy, determines to send for the doctor, although the way be long and through woods and wilds, although the time be night, and although her only messenger must be her imbecile child, who is regarded with that passionate fondness which generally mark such relationship. We have not much intercourse with this cherished boy, who is chiefly distinguished by his docility in being mounted, it may be for the first time, upon a shaggy mountain pony, which he is instructed to urge forward by means of a branch of holly; secondly, by his manifesting his thoughts or feelings, whatever these may be, by uncouth sounds like "burr," "burr," although he could articulate other words in imitation, as so often happens in his class, of the cries of animals; and thirdly, by his obedience or boldness in undertaking a journey which he had never before performed. It is almost needless to say that Johnny Foy never reached his destination; that his mother, at first animated by the pleasing glow of having endeavoured to aid a suffering neighbour, became cold and anxious as the night advanced and no one arrived to relieve the object of her compassion; that at length alarmed, almost despairing, she pursued the route which Johnny should have followed, reached the medical man's residence, but all natural and maternal feeling having obliterated the purpose of her journey, she forgets her real object, and meets an inevitable rebuff. On retracing her weary and anxious steps she finds that the friend on whose behalf she has been exerting all her powers and has encountered such great misfortune, has been relieved from physical pain by her anxiety and sorrow for the loss of both her companions. Johnny is subsequently discovered gazing upon a waterfall which he had to pass on his way, while his more practical pony is busily engaged in cropping the grass. The rider is described as free from all fear and wonder, and as limiting his narrative of his adventures to the phrases—

The Cocks did crow to-whoo, to-whoo,  
And the Sun did shine so cold.

There may have been a subsidiary aim in leading the half-crazed mother in the search for her lost child through the woods and wilds which he must have traversed, although in her preoccupation she could not have seen aught save her precious idol and his pony, and had she been a real personage would have passed them by unnoticed, except as landmarks on her

way. But the poet saw and traced out the long green glades along which his homely heroine travelled, skirted by bush and brake, from which hung in tangled profusion natural garlands of honeysuckle and woodbine, interrupted occasionally by glimpses into the deeper and more sombre masses of coppice from which a solitary fir-tree or a waving birch might rise; and all dimly lighted up by rays of moonlight struggling through the drifting clouds and branches of the trees; nor was all silence, for the plashing brook which had attracted Johnny Foy's notice, if not his admiration, relieved the stillness of the night, and gave its echoes to the woods, mingled with the "burr," "burr," of the astonished boy, and the plaintive cries of the night birds.

The author has dedicated one of the books of the "Excursion" to Despondency, but the sentiment so beautifully delineated is that shadow or twilight which falls over imaginative and emotive minds, even when they are healthiest and happiest, and is a proof of delicacy and refinement of feeling, and of the nervous temperament, but not of disease. The supposed victim of this gentle melancholy says:

Syria's marble ruins towering high  
Above the sandy desert, in the light  
Of sun or moon. Forgive me if I say  
That an appearance, which hath raised your minds  
To an exalted pitch (the self same cause  
Different effect producing) is for me  
Fraught rather with depression than delight,  
Though shame it were, could I not look around,  
By the reflection of your pleasure pleased.

A fragment occurs beginning "Her eyes were wild, her head was bare, the sun has burnt her coal black hair," which might be interpreted as the complaint and ravings of a maniac, but is rather the outpourings of a deserted, desolate, aggrieved woman.

In place of accepting Peter Bell, the wagoner, as a sketch intended to embody the peculiar views of the writer, it has been argued that "Nature ne'er could find the way into the heart of Peter Bell;" that "This Carl as wild and rude as ever hue and cry pursued, as ever ran a felon's race;" that "this savage character," that this brutish, ignorant, and abandoned lout is intended as a portrait of that mental obtuseness and non-development of intellect which approximates the man with the brutes that perish, or with the imbeciles of his own species. But although

A primrose by a river's brim  
A yellow primrose was to him,  
And it was nothing more,

let us recollect that if the community were tried by such a

test our crowded cities as well as the untrodden ways of our mountain land, or colleges as well as cottages, might be peopled by Peter Bells. But hypercriticism has pretended to protest in the exquisite lines "We are seven," the faintest taint or tinge of infantile feebleness and ignorance, while we recognise the hand of the great priest of nature tracing the features of simplicity, innocence and purity.

### MELANCHOLIA.

In passing through the wards or galleries of an asylum appropriated to the reception of melancholics, or in examining a community of the insane where the sounder principle is pursued of distributing such patients through different wards or galleries, where they may be roused, interested, soothed, or solaced by companions labouring under other and different and antagonistic forms of disease, which may act as anodynes or counter-irritants to sorrow or suffering; it cannot fail to be observed that the external manifestations and aspect of this affection are infinitely varied. We shall there inevitably note steps and stages of mental disturbance, from the fanciful pensiveness of the great conqueror of our age, Napoleon, who loved darkness and ghost stories, and was "fond of all that leads to reverie, of Ossian, of the twilight, of melancholy music" (Mad Rémusat); onward to blank despair, with all the intervening links which connect these two extremes of simple depression of *tædium vitæ*, of dark moroseness, of hopeless and helpless despondency which admits no ray of hope, of the pale emaciated victim quivering under fear and foreboding, endeavouring to injure the person or commit suicide. When it is recollected that physicians have recognised in this form of insanity—

(1.) Simple melancholia presenting the following symptoms:—Despondency, or the inability to enjoy; despair or simple anguish from exaggerated feelings or delusions as to personal and social condition; nourishment of sentimentalisation or bliss of suffering, &c., and that this aspect may be met in children, in voluptuaries, and wherever exquisite or sensitive feelings have been pampered or cultivated.

(2.) Hypochondriacal melancholia, where the attention is directed to self and the body in which self is contained; exaltation of *cœnesthesis*; the misinterpretation of impressions conveyed to consciousness; zoomorphoses; belief in the presence of fatal or foul diseases; in the conversion of some portions of the body into glass or metal; delusions or false sensations which often induce or are accompanied by actual changes and degeneration in the parts to which they refer.

(3.) Religious melancholia presenting remorse, repentance of crimes never committed; dread of eternal damnation; in which trifling events or words are magnified into imaginary and heinous crimes; such as sin against the Holy Ghost; the dread of being the object of universal execration, under which voices proclaim, preachers denounce, newspapers point at, and every event is a preparation to punish the infamy entailed upon them; and this infamy is confessed and the punishment declared to be just.

(4.) Mercantile (impecunious) melancholia. This may be displayed even in the partially healthy by greed, avarice, and the overweening desire for the accumulation of property. When the mind has lost its balance, there arises a dread of poverty or absolute destitution, of imaginary debts or obligations, of an environment of frauds or speculations. These fears and delusions may afflict the poor as well as the affluent, who, paralysed by doubts and difficulties, can do nothing to extricate themselves, and who may positively resort to starvation in order to prolong life.

Melancholia has been popularly defined to be partial aberration, moroseness, or depression, or any mental disease not mania nor fatuity; but it may be more strictly described as a true monomania or partial derangement affecting principally emotions or sentiments, or a single morbid association of such feelings, or a single morbid tendency or mental direction of a particular class of emotional faculties, and these tendencies are sometimes developed not in speech, not in language, but in acts and conduct. It is probable, however, that the entire mind may be involved or influenced by the presence of a single omnipotent sorrow or shame or doubt or dread; but be this as it may, and whatever may be the particular modification of mental pain under which the sufferer writhes, the features, attitude, deportment, imply the overruling presence of depression or dejection, although special differences of expression or conduct may characterise each individual case. It is accordingly natural, indeed inevitable, that observers, and especially imaginative observers, such as the poets, should portray the physiognomy and the condition of melancholies in very different terms: and it seems better to form a catena of a number of such portraits than to limit the exposition and illustration to the impressions of a single word-painter. Spenser speaks of this neurosis in the following lines:—

The knight was much enmored with his speech,  
That as a sword's point through his heart did pierce,  
And in his conscience made a secret breach,  
Well knowing true all that he did rehearse,  
And in his fresh remembrance did reverse



The ugly view of his deformed crimes,  
That all his manly powers it did disperse,  
As he was charmed with unchaunted rhymes  
That oftentimes he quak'd, and fainted oftentimes.

In which amazement, when the miscreant  
Perceived him to waver weak and frail,  
While trembling horror did his conscience daunt,  
And hellish anguish did his soul assail ;  
To drive him to despair, and quite to quail,  
He shewed him, painted in a table plain,  
The damned ghosts that do in torment wail,  
And thousand fiends that do them endless pain  
With fire and brimstone which for ever shall remain.

The sight whereof so thoroughly him dismay'd  
That nought but death before his eyes he saw,  
And ever burning wrath before him laid,  
By righteous sentence of the Almighty's law :  
Then 'gan the villain him to overcraw,  
And brought unto him swords, ropes, poison, fire,  
And all that might him to perdition draw ;  
And bade him chuse what death he would desire :  
For death was due to him, that had provoked God's ire."

Collins, whose "Ode on the Passions" may be legitimately styled a vividness of exaggerated, and even insane sentiments, "for madness ruled the hour," writes thus :—

With woful measure wan Despair  
Low, sullen, sounds his grief beguiled—  
A solemn, strange, and mingled air ;  
'Twas sad by fits, by starts 'twas wild.

Wordsworth delineates a less excited, but perhaps more painful species of despondency :

Far as she can go  
Through time or space, if neither in the one  
Nor in the other region, nor in aught  
That Fancy, dreaming o'er the map of things,  
Hath placed beyond these penetrable bounds,  
Words of assurance can be heard ; if nowhere  
A habitation, for consummate good,  
Nor for progressive virtue, by the search  
Can be attained, a better sanctuary  
From doubt and sorrow, than the senseless grave.

Rogers depicts despair when mingled with superstition :

Hence, to the realms of night, dire Demon, hence !  
Thy chain of adamant can bind  
That little world, the human mind,  
And sink its noblest powers to impotence.  
Wake the lion's loudest roar,  
Clot his shaggy mane with gore,  
With flashing fury bid his eyeballs shine ;  
Meek is his savage, sullen soul to thine !  
Thy touch, thy deadening touch, has steeled the breast  
Whence, through her April shower, soft Pity smiled ;

Has closed the heart each godlike virtue blessed,  
To all the silent pleadings of his child.  
At thy command he plants the dagger deep,  
At thy command exults, tho' Nature bids him weep.

Among the gentler and more attractive forms of pensiveness, is the profound uncontrollable but morbid longing experienced by mountaineers for their native land; and so intense was this in the Swiss that, in order to avoid the risk of rousing the feeling, the playing of all national airs within the hearing of the natives of that patriotic Alpine region, who at one time formed the soldiers of the Royal French Guard, was strictly prohibited, as such music induced great excitement, suffering, and irresistible impulses which tempted to desertion, even to suicide. The "Ranz des Vaches," or the evening summons to the cattle was especially prolific in such dire consequences, and was accordingly rigidly interdicted. In the following lines Goldsmith has indicated the origin and influence of the sentiment:

Where every good his native wilds impart,  
Imprints the patriot passion on his heart;  
And e'en those ills, that round his mansion rise,  
Enhance the bliss his scanty fund supplies.  
Dear is that shed to which his soul conforms,  
And dear that hill which lifts him to the storms;  
And as a child, when fearing sounds molest,  
Clings close and closer to the mother's breast.

Keats, in his beautiful though rather florid "Ode to Melancholy," says:

She dwells with Beauty—Beauty that must die;  
And Joy whose hand is ever at his lips  
Bidding adieu; and aching pleasure nigh,  
Turning to poison while the bee-mouth sips:  
Aye, in the very temple of Delight  
Veiled Melancholy has her sovran shrine,  
Though seen of none save him whose strenuous tongue  
Can burst Joy's grape against his palate fine;  
His soul shall taste the sadness of her might,  
And be among her cloudy trophies hung.

Bowles, in apostrophising the "Harp and Despair of Cowper," says:

But ah! what means that look aghast,  
E'en while it seem'd in holy trance,  
On scenes of bliss above to glance?  
Was it a fiend of darkness pass'd!  
Oh speak—  
Paleness is upon his cheek—  
On his brow the big drops stand.  
To airy vacancy  
Points the dread silence of his eye  
And the loved lyre it falls, falls from his nerveless hand!  
The night of deeper woes



perfectly compatible with the exercise of manifold personal functions and social duties. The affection has been ridiculed as a fancy, a folly, a self-deception, which could be cast off as a foul or fantastic piece of raiment; but to those who have lived in near proximity to patients affected with hypochondriasis, who have narrowly observed their symptoms, the bodily conditions with which the disease is generally associated and its issue, there appears to be no unreality in the malady or in the misery to which its victims may be for years subjected. While endless varieties may be detected in the anxieties and errors by which such patients are agitated, they may be legitimately arranged under two genera. In the one the concentrated attention of the patient is directed towards the presence of diseases in his own person which do not exist; while in the other it is fixed upon changes and transformations which the system has undergone. The former has been well caricatured by Molière, who, although a prosaic poet, was an excellent humourist, in his "*Malade Imaginaire*." Argan describes himself, upon the authority of his physicians, as at the same time labouring under diseases of the liver and of the kidneys; that he suffers from time to time under pains in the head; that he suffers from partial blindness; that he likewise occasionally suffers from affections of the heart; that he experiences exhaustion through all his members; and finally, that he suffers from colic. In combating this host of internal enemies he is sanctioned by his physician in taking potage, fowl, veal, boiled beef, fresh eggs, plums to relax the bowels, and wine well watered (act iii. scene xiv.).

Pope has presented the following ludicrous picture of the extravagances of the second variety:

Unnumber'd throngs on every side are seen,  
Of bodies chang'd to various forms of spleen;  
Here living tea-pots stand, one arm held out,  
One bent, the handle this, and that the spout;  
A pipkin there, like Homer's tripod walks;  
Here sighs a jar, and there a goose-pye talks;  
Men prove with child, as pow'rful fancy works,  
And teeming bottles, cry aloud for corks.

## ART. II.—PROPHYLAXIS OF INSANITY.

By J. M. WINN, M.D., M.R.C.P., Consulting Physician to St. George's and St. James's Dispensary, &c., formerly Resident Physician of Sussex House Lunatic Asylum.

IN the following remarks we propose to treat only of insanity in its hereditary character. It is admitted by the highest authorities in psychological medicine, that about one-half of the cases which have come under their care could be traced back to some insane or half-insane ancestor. If, however, it can be proved, as I have before now contended, that not only insanity, but every form of hereditary disease may, by a conservation of morbid energy, give rise to insanity, the cases which owe their origin, without predisposition, solely to moral causes and vicious habits, must be reduced to a small minority.

In 1869 I published a treatise on *The Nature and Treatment of Hereditary Disease, with reference to a correlation of Morbific Force*,\* in which I remarked that if any medical man, conversant with the treatment of insanity, and who has opportunities of knowing intimately the connections of his patients, will make careful inquiries into their history, he could scarcely fail to discover evidence of some form of hereditary disease, in one or other member of the same family. If he has not detected the existence of decided insanity, for friends and relatives generally endeavour to conceal such fact, he would probably ascertain that few have escaped some constitutional taint, in the form of scrofula, phthisis, epilepsy, &c; for how few of us can boast of an ancestry entirely free from hereditary disease. To substantiate this theory of a correlation of morbid force, I published in the treatise referred to, clinical cases, showing how skin diseases correlate with mania; epilepsy and phthisis with acute mania; scrofula with melancholia, &c. On May 21, 1870, I sent a letter to *The Medical Times and Gazette*, in which I gave additional facts in confirmation of my theory. Since my treatise appeared, the tendency of thought amongst medical men has been in the direction of my theory. Nine months after its publication Mr. Jonathan Hutchinson read a paper at a meeting of the Hunterian Society on *Some of the principal Diatheses, and their mutual Relation*, in which he argued that gout, syphilis, scrofula, cancer, bronchocele, darts affections, &c., have common properties. This group (although syphilis is mentioned, which I do not include in my category, and insanity is omitted) bears a very close resemblance to mine. Mr. Hutchinson classifies these diseases under the head of diathesis, which he considers different from dyscrasia or

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temperament; but all these words are vague, and do not convey to the mind the same clear idea that is expressed in the term, correlation of force.

In 1878, in a paper on *The Brain in Health and Disease*, by Dr. Edward C. Mann, late of the New York State Em. Insane Asylum, the writer, in referring to the connexion between phthisis and insanity, recognises my theory, but does not mention my name. He observes: "I also believe there is a *correlation of morbid force*, which renders these diseases mutually convertible"—using my very words. Again, in 1880, Dr. Walter Kempster, in his annual report of *The Northern Hospital for the Insane of the State of Wisconsin*,\* gives instances of the mutual convertibility of different forms of hereditary disease, without any reference to my researches twelve years previously.

My attention has recently been called afresh to the subject of this paper, by some remarks made by Dr. George M. Beard, in the prospectus of a *National Association for the Protection of the Insane and the Prevention of Insanity*, in the United States. He observes: "The subject of insanity is greater than insanity itself, *since all the diseases of the brain and the nervous system*, by whatsoever names known, *are related to each other, run into each other, and take each other's place*. The man who only knows insanity, does not know even that; all the diseases of the nervous system are members, one of another, and are to be studied as parts of a great whole and in relation to each other." This is all very well as far as it goes, but the induction is only partial, and is included in my broader generalisation. The expression, "diseases of the brain and nervous system," has nevertheless a wide application. Who can say in what medical disease (not zymotic) some disturbance in the nervous system is not the *fons et origo* of all the mischief? It is now admitted that in diabetes the nervous system plays an important part, and the most rational theory of "catching cold" is that which attributes it to an impression made on the nervous tracks by a low temperature.

To establish a correlation of force it is necessary to prove a mutual convertibility. It is not sufficient to give instances of one disease passing into another; we must demonstrate a see-saw sort of action; and I gave instances in my treatise of diseases passing backwards and forwards, either in the same individual, or in various members of different generations of the same family.

That some sort of force is active in insanity cannot be doubted—force is in operation everywhere; as Carlyle said,

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there is force in a rotting apple. One case in particular, in which the insane force manifested itself, is indelibly impressed on my memory. I have mentioned it before, but it will bear repetition. The patient, a highly educated gentleman about 40 years of age, and of unexceptional moral character, was subject to attacks of acute mania of the most violent character. During the intervals between the attacks, his mental and bodily condition were those of a person perfectly free from disease, and formed a striking contrast to his maniacal state. The paroxysms were marked by outbursts of uncontrolled passion, violent gestures, and the use of obscene and blasphemous language. After the lapse of a few weeks this terrible commotion would subside, leaving the patient calm and rational. It was like the clearing of the atmosphere by a thunder-storm, and supports my theory that there were latent morbid forces in the system which became developed by some exciting cause, leading to a disturbance of the nervous molecules. No one can doubt that this was an expenditure of *force*, and in every sense of the word we may term this energy *morbific*. An ordinary attack of epilepsy bears a close resemblance to a recurrent case of acute mania—in it we perceive the same expenditure of energy.

That a morbid element may lie dormant during a whole generation need not surprise us, when we see how the terrible poison of rabies may be latent for an indefinite period.

I have dwelt thus long on the etiology of insanity before discussing its prophylaxis, as a rational mode of treatment of any disease cannot be devised until we have ascertained its cause; and if there be but one cause for the existence of all hereditary diseases, as we have given grounds for believing, it follows that there must necessarily be one general plan of treatment, more or less applicable to the whole.

The prophylaxis of hereditary disease involves the to important questions of hygiene and marriage.

*Hygiene.*—Hygienic treatment cannot begin too early. Where hereditary taint is feared it should commence with the earliest period of life. Constitutional disease is often manifested soon after birth in the form of convulsions. The nourishment of the infant must be the first care. The food which nature supplies is the best; and even if the mother belongs to a family in which there is hereditary disease, I do not think it an objection to her nursing, provided she be strong and has plenty of milk, for there is no ground for believing that the class of hereditary diseases to which I have referred can be transmitted, like syphilis, through the secretions of the mother. The three other requisites for an infant's health are air, warmth, and bathing. Its moral education should begin in infancy. Firmness must be combined with tenderness.

A lengthened discussion on education would be out of place here, but a few words are requisite on the danger of overstimulating the brain by too great a variety of studies. Precocious children are often scrofulous, and parents take a foolish pride in the exhibition of their talents, and are disposed to keep them at their tasks, when they should be romping with their playmates.

The most critical period of life is the interval between fifteen and twenty-five. This fact shows the necessity of controlling the sexual passions at this period.

There can be no doubt that a large class of those disposed to hereditary maladies might have escaped disease had they chosen a suitable profession or vocation.

Regular exercise in the open air is a most powerful therapeutical agent. An empiric once gained great reputation for the cure of epilepsy. His plan was simply to order his patients to walk a considerable number of miles daily.

Whilst on the subject of the treatment of hereditary disease, we must not forget the great value of cod-liver oil. It bears a similar relation to hereditary that quinine does to zymotic disease. Issues, once so much in vogue, should not be overlooked.

*Marriage.*—This subject demands the most earnest attention. I have generally found it useless, when consulted by young people as to the advisability of their marrying, to say—don't. There can be no doubt as to the danger of two individuals marrying when there is hereditary taint on both sides. It is not necessary, if the views I have inculcated be right, that the form of hereditary disease should be the same.

The general rule of transmission is from parents uninterruptedly to the children, and from them to the grandchildren, frequently with an interruption, from the grandparents to the grandchildren. Sometimes the taint is derived from collateral branches.

Some time since I drew up the following rules for the guidance of those who have consulted me as to the advisability of their marriage into any family of which one or more members have suffered from constitutional disease. They were published in my treatise *On the Nature and Treatment of Hereditary Disease*. As I am not aware that anyone else has drawn up rules of a similar character, and as they have an approximative value, I will repeat them:—

1. If there be a constitutional taint of any kind in either father or mother on both sides of the contracting parties, the risk is so great as almost to amount to a certainty, that their offspring would inherit some form of disease belonging to the class to which these investigations refer.

2. If the constitutional disease is only on one side, either



directly, or collaterally through uncles or aunts, and the contracting parties are both in good bodily health, the risk is diminished one-half, and healthy offspring may be the issue of the marriage.

3. If there have been no signs of constitutional disease for a whole generation, we can scarcely consider the risk materially lessened, as it so frequently reappears, after being in abeyance for a whole generation.

4. If two whole generations have escaped any symptoms of hereditary disease, we may fairly hope that the danger has passed, and that the morbid force has expended itself.

We now arrive at the vexed question of consanguine marriages. Perhaps the true reason why the intermarriage of blood relations is so generally considered to be a fruitful source of disease, is that, if there be any latent morbid force in both parties (both of whom are derived from the same ancestor), it is likely to be more intensified by their union than if there were no consanguinity. Nevertheless, if both parties are in good health, and free from ancestral contamination, there can be no reasonable objection to the marriage of cousins.

It may be argued that it is of little avail to give prudential rules respecting marriage where the affections are strongly engaged, and that the stamping out of hereditary disease is a Utopian notion; but medical science should *aim* at the highest ideal, and it is the province of the physician and sanitary reformer to point out the best means of preventing physical evils, as it is that of the moral philosopher to exhibit the disastrous consequences of a violation of moral laws.

Whether the rules I have suggested concerning marriage be adopted or not, there can be no doubt that hygienic means have done much to arrest and alleviate hereditary disease. A medical man is often rewarded for his care and attention by seeing delicate children grow up strong and healthy men and women, the morbid force either expending itself or continuing latent. Sometimes if disease cannot be eradicated, a favourable change of type occurs; a grave malady being transmuted into one of a less fatal character. One case of this kind especially recurs to me—that of a professional man who was very delicate in his youth, and liable to hæmoptysis. In after years he became subject to attacks of gout. When in his ninetieth year, he was able to ride on horseback and attend to business, although still occasionally laid up with gout.

We must also take heart from the new doctrine of *dissipation of energy*. If this be true, we can look forward to the dissipation of morbid force. The vital force of an individual is exhausted in a few years, why then may we not hope for a similar termination of hereditary evil?

## ART. III.—TRANFERENCE OF SPECIAL SENSE.\*

BY J. G. DAVEY, M.D., Bristol.

THE annexed case I have chosen to name "Transference of Sense." It will be seen to be one in which the phenomena of clairvoyance are plainly demonstrated; and these are shown by the antecedents of the patient to have occurred spontaneously, and to exist independently of the employment of any prior and artificial means, to which such are, as a general rule, to be referred. Clairvoyance is now known as the outcome of a rare condition of the nervous system—a condition which may have a spontaneous origin, or be induced in the ordinary way by the successful manipulator or "mesmeriser": it may be, in other words, either subjective or objective. In Mrs. Croad, as her medical history shows, or her antecedents reveal, the condition is simply subjective. The cause of her "transference of sense"—or, what is the same thing, her clairvoyance—is altogether within herself; and this cause, like any other cause, produces its special effects; such are described in the following recital.

Dr. William Gregory, in the second edition of his "Animal Magnetism," confesses to have once doubted the existence of "spontaneous clairvoyance" in others than the somnambule; but his opinion in regard to this matter underwent, as it appears, a material change. In chapter 5 of the book just named, he has treated of spontaneous clairvoyance as an undoubted fact; as one occurring from time to time, and not as a sequence of "the process for causing mesmeric sleep." The case of Mrs. Croad is very closely allied to "animal magnetism," or "mesmerism" (so-called), whether or not artificially induced. I would add that, in spite of the weight of evidence in favour of the facts reported, not a few of the younger medical men in this good city of Bristol declare that "mesmerism" and "clairvoyance" exist not in a morbid imagination—but in the minds of the credulous; and this much in spite of the asserted and practical conclusions to the contrary of some ten or twelve of their more experienced and larger-minded seniors, let alone many more outside the profession, who have kindly accepted my invitations to see Mrs. Croad when tested in the severest manner. A few medical and other friends are content to include my patient with the ordinary blind, and to affirm (what is in no sense true) "that some clever

\* Read before the Bath and Bristol branch of the British Medical Association, January 20, 1881.

blind people have the power of detecting colours by the touch." The officials at the Bristol Blind Asylum tell me that "after an experience of the blind, extending over some twenty and thirty years, they have not been able to find the remotest trace of any such power" as that so plainly demonstrated in this present case.

It was in the year 1857 that the late Dr. G. Wilson, of Edinburgh, gave to the world a small book known as "The Five Gateways of Knowledge." To these he, following the example of the famous John Bunyan, gave the names Ear-gate, Eye-gate, Mouth-gate, Nose-gate, and Feel-gate. These gateways we recognise as the "organs of the senses," and call them by the several names of the eye, the ear, the nose, the mouth, and the skin. Such are the instruments by which we see, hear, smell, taste, and touch. "Such," writes Dr. G. Wilson, "are at once loopholes through which the spirit"—whatever that may be—"gazes out upon the world, and the world gazes in upon the spirit."

Now these several instruments or loopholes are liable to accidents and to various diseased conditions, the effects of which we see realised in the blind, the deaf, and the paralysed. However, it is with the eye—"the light of the body," "the most honoured of the organs of the senses," so called by the poet—that this paper deals. It concerns me, this evening, to call your attention to the rare, the very remarkable case of a female who for many years past has been recognised as sightless, as blind, whilst in the possession of a sense of touch so exceptional and intensified as to enable her to perceive—and, perceiving, to describe with more or less accuracy—pictures of various kinds and photographs when placed in her right hand. In Mrs. Croad we have an instance of the sense of touch standing largely in the place of vision—a case wherein "wisdom, though at one entrance is quite shut out," has found a substitute, the particulars of which must claim from us a careful and painstaking consideration. The antecedents of this much-afflicted person are these. Born in 1840, she is said to have passed through the greater part of childhood with fair health. On the occurrence of puberty she had attacks from time to time of syncope—very probably of the hysterical kind. At the early age of 19 she married. Five years afterwards she had a fall, when the spine was said to be injured. To this accident succeeded epilepsy, attacks of which occurred almost daily during four months. It was at this time, or near to it, that she lost a child—it was scalded to death. The shock then sustained by her appears to have been unusually severe and protracted. The lower extremities gave signs of great weakness, and became, at length, powerless or paralytic; whilst, as a con-

sequence or attendant on a chronic gastric affection, she is said to have lost "all power to partake of or digest solid food." Her condition in 1866 is described as pitiable in the extreme. The frequent fits, the lost motive power, and the impairment of the general health led to her becoming "bedridden." So she has remained to this time (1880), a period of fourteen years. In 1870, it is stated, "she became totally blind"; in the following year deaf, and in 1874 speechless. The paralysis, which was limited to the lower extremities, involved, in 1879, the upper limbs; but at this time the loss of sensation and motion is limited to the left arm, the fingers and thumb of the left hand being but partially affected. The right hand and arm have recovered their once-lost functions. She is now able to articulate, though with difficulty, from, as it appears to me, a tetanic rigidity of the temporal and masseter muscles, by which the mouth is kept, to a large extent, fixed and closed. It was in October last that I was asked to see Mrs. Croad. I found her sitting in a semi-recumbent position on a small bedstead, her head and shoulders resting on pillows. The eyelids were fast closed, and the left arm and hand resting by the side. The knees I found then, as they are still, bent at an acute angle, the heels closely pressed to the under and upper parts of the thighs. As she was suffering from a cold and general indisposition, I delayed then any particular investigation of her case, other than that associated with her temporary indisposition—that is to say, I preferred not to go into those matters, so rare and peculiar, and with which her name has become so famous in Clifton and elsewhere. Since October, and through the months of November and December, 1880, I have subjected Mrs. Croad to many and various tests with the view of satisfying myself as to the truth or otherwise of the statements given to the world of her blindness, sense of touch, and marvellous sympathies.

To my near neighbours—Drs Andrews and Elliot—I am much indebted. The various tests referred to were witnessed by them in my presence, and with the effect of assuring us that she (Mrs. Croad) was and is enabled to perceive, through the aid only of touch, the various objects, both large and small, on any given card or photograph. After an experience extending over some nine or ten weeks, during which the "tests" were many times repeated, and, now and then, in the presence of several medical and non-medical (ladies and gentlemen) friends, there remained (I believe) not the least doubt of this "transference of sense" from the eyes of Mrs. Croad to her fingers and the palm of her right hand. It need not to be supposed that I and others were content to believe in Mrs. Croad's blind-

ness and to take no specific precautions against any possible trick or deception—far from this. On solicitation, she very kindly assented to be blindfolded, after a very decided fashion; and so blindfolded that neither deception on her part nor prejudice nor false judgment on ours were—either the one or the other—possible. The blindfolding was accomplished thus: a pad of cotton wool being placed on each orbit; the face was then covered by a large and thickly-folded neckerchief; this was tied securely at the back part of the head, and—even more than this—more cotton wool was pushed up towards the eyes, on either side of the nose. Not content, however, the aid of two fingers of a bystander were called into requisition, and with these a continued pressure was kept up, during the “testing” outside and over the neckerchief and wool and above the closed eyes. At this stage of the proceedings the room was, on two different occasions, very thoroughly darkened. Under such circumstances it was the testing commenced, and continued to the end; the result being, as theretofore, in the highest degree, conclusive and satisfactory. The transference of sense from one organ to another as an acquired and spontaneous condition of being must, on the evidence here adduced, be accepted as a demonstrated and certain fact. I would state here, that on receiving a picture card or a photo’ from a bystander she (Mrs. Croad) places it on and about the chin or mouth, and perhaps draws it across the forehead, but the minute examination of the card is, apparently, the work of the fingers of the right hand. These several acts are, for the most part, followed by a quiet and intense thought, a well-marked concentration of mind on the picture or whatever it may be, when, after a short time, she writes on a slate kept near her, a description—sometimes a full and detailed one—of the card, its colouring and the several objects thereon. I have seen some forty or fifty picture-cards and photographs described by Mrs. Croad at different times with various degrees of accuracy, during the whole period I have known her. Occasionally her rapid and precise perception, or, if you prefer the word, conception, of the picture, and of the many yet minute and trifling objects going to form its entirety, is really startling. I have but seldom seen her wholly at fault, though she has met with her failures.

So far I have dwelt only on one, but that one the principal, as I conceive, of Mrs. Croad’s rare powers; yet do there remain other facts of her case to which I must now draw your attention. The description of the mode in which she is communicated with—she being blind or blindfolded, as already described—is thus given in the words of her biographer (Mr. Westlake):

"It is done simply by writing with the finger on her face, which is so sensitive that it receives and transmits to the brain the slightest movements of the finger, whether moved up or down, across, or in any direction. If circumstances are favourable it appears impossible to write too fast for her to understand." Now in this there is not, as I conceive, very much remarkable; a small measure of experience proves the easy acquirement of this same "sensitiveness" of the nerves of the face and its transmission to the brain; but much remains to be said in connexion with this, as a mode of communication between Mrs. Croad and her daughter. Sitting quietly by or near to Mrs. Croad, my attention has been again and again riveted on the manner in which Miss Croad holds communion with her mother. Miss Croad does very certainly move her fingers over and about the face of her mother, but few, if any, letters or words are formed by her. Watching her very narrowly on several occasions, I felt at length assured that Miss Croad's communications were altogether unlike those made by either visitors or friends. The latter named formed letters, and with these words, and so conversed—if the expression be allowed—with Mrs. Croad; but it is not so with her daughter. Impressed with the fact as above stated, I spoke to Miss Croad of it, when she told me that as the rule it was requisite simply that she put herself in a close or personal contact with her mother to convey to her what was wished, or to give her a knowledge of this or that, as the case may be. Now so marked a mental sympathy or concordance as this is altogether without or outside the experience of most of us; and it is therefore well worthy the attention of those present who have the courage to investigate, what I may well call, unorthodox medicine. But to this matter I must again refer farther on, or in the remarks to follow on the whole case.

Further, Mrs. Croad is said to have the additional power to detect as it were by sympathy, or by a community of ideas and feeling, any letter written by a friend of hers and put into her hands by a third party. This I know, on receiving a letter some weeks since from Dr. Maclean, of Swindon, I took it forthwith to her. On receiving it from me she exclaimed, "Oh, from my dear Doctor Maclean!"

It is said also by those near and dear to her that such is Mrs. Croad's prevision that she has been known to have foretold my own visits to her; what I mean is, that on my approach to the house she occupies and when at a distance from it, and unseen by anyone about her—in fact, not within sight—she has said, "Dr. Davey is coming; he will be here directly." I confess to a difficulty in either believing or comprehending

this. If such prevision or prescience is really within the capacity of the human organism, we, of all others, have much to learn in respect to the nervous system in man and animals. However, I learn by letter from my friend Dr. Maclean, that in the early part of his medical career he had a patient of the hysterical type who displayed a like lucidity.

So much then for the main or principal facts of a singular case. It remains for me to offer for your consideration remarks on these facts. Now, I shall treat the subject in hand from a Physiological stand-point. Of matters supernatural, or of forces outside nature, I know nothing. If any one here expects me to discourse or speculate on the immaterial, the metaphysical, he will be disappointed: for this single and sufficient reason, I believe in nothing of the kind. As a materialist I hold that to degrade matter as is now done, to regard matter as else than the main-spring—the only direct and sufficient cause of each one and all the vital phenomena—else than the ever-potent force at work in and through both the organic and inorganic worlds: and as such doomed, in virtue of natural law, to realise, ever and anon, that sublime adaptation of means to the end, at once sustaining, perfecting, and all-wise: so, I say, to degrade matter, is to stem the tide of truth, of progress, and humanity. Matter and force stand now, as they have ever done and will continue to stand, in the near relation to each other of cause and effect, and so it is they cannot be separated from each other. It is for us to duly appreciate this fact. Now the condition of Mrs. Croad is one in which we see in operation a principal of our common organism; that one known as the “law of compensation.” In a state of health the various organs of this body of ours may be said to realise a state of equilibrium. In the exercise of the many functions—which, united in the individual, constitute his life—each one function aids every other, and with the effect of securing both health and comfort to man. If from any cause (subjective or objective) this same equilibrium is disturbed or, what is the same thing, this mutual aid is interfered with, then does ill-health and discomfort follow. In this case are seen to arise certain salutary efforts of our nature, the outcome only of our material composition, *i.e.* the organism designed to establish or to ensure the required relief by the law of compensation. Those of you who have resided in a tropical country will remember the effect on the kidneys of removal to the colder atmospheres of the hill-tops from the high temperature of the valley or sea-side. The skin is then rendered pretty nearly inactive whilst the kidneys may be said to be in a state of hyperæsthesia. We all know the effects of mere dis-use, of accident and disease,

confined to one side of the body, or to one limb, or to one eye, on the other the normal side of the body—the other limb or eye, and so on. These are, very evidently, to increase the functional power of the used limbs and the sound eye, &c. Here, again, we recognise the “law of compensations.” But the same law is ever active in man and animals; and not only so, but it runs through the whole of the vegetable kingdom. Standing at the bedside, the really practical man can scarcely fail to see it in operation day by day. Dr. Budd, of Clifton, the inheritor of a lost father’s genius, has very recently called the attention of the medical world to the law just named. He is said to have propounded a new pathological doctrine resting on this law as a basis sure and true. It is asserted that, by tying the ureters, uric acid and its compounds may be demonstrated “in the connective tissue corpuscles.” Certainly this fact favours Dr. Budd’s views in so far as it affords evidence of “the law of compensation;” and as such I accept it, and in connection, too, with the case now being considered. In the lower animals, as the horse and dog, we see this famous law operate. The careful stepping of the horse when not duly shod, or when not roughed, is to the point, and indicates the extra demands or strain put, upon the sense of sight. The conduct of a blind horse or dog, the mode in which such are led to seek their food, and to perform other sundry acts of their kind, are evidence clear and undoubted of the higher claims made on the senses of smell and touch. Truly, indeed, does the poet affirm—

Nothing in this world is single;  
All things by a law divine  
In one another’s being mingle.

It has been suggested that Plato had some dim forecast of this when he taught that the world was a huge animal; and others, since Plato, when they conceived the universe to be the manifestation of some transcendent life, with which each separate individual life was related, “as parts are to the whole.”

However, in the 21st Report of the Directors of Hartford Asylum are seen the particulars of one Julia Brace, who became both blind and deaf at the age of five, and in whom it was observed that in proportion as her sight and hearing were lost, so her sense of smell became “wonderfully acute.” In the said report we read that: “She has been frequently known to select her own clothes from a mass of dresses belonging to 140 persons. . . . Her manner is to examine each article by feeling, but to decide upon it by the sense of smell; and in regard to her own things she never errs. . . . She has been frequently known to discriminate, merely by smelling them, the recently-washed stockings of the boys from those of the girls at the asylum.”



The "law of compensation," though an accepted fact, leaves us very much in the dark in so far as the transference of sense in Mrs. Croad is concerned. Strange, that the loss of sight in her, the consequence of disease—or, if you will, the mere blind-folding of her—as already described, should beget or involve so very exalted a condition of the sensory nerves of the right upper extremity as to beget a state of things in any way equivalent to vision. What is there in the eye itself, or in its evolution through the lower forms of animal life, to help us to a conclusion at all satisfactory? Is it true, as asserted by an eminent and modern writer, that "we see very much by the aid of our fingers"? Let us examine the basis or grounds of this very bold assertion. Can these elucidate in any degree the case of Mrs. Croad?

Now, it is known that, in the words of the late Dr. George Wilson, many living creatures have no eyes. The star-fishes have, he affirms, "mere sensitive points, by means of which they perceive neither colours nor forms, but are dimly conscious of light and darkness." In the sea-side studies of the late G. H. Lewes we are told much of deep interest concerning the eyes of marine animals. "The molluscs," he says, "like the heathen idols, have eyes for the most part, yet see not; nevertheless, unlike the heathen idols, they are endowed with these organs for no make-believe, but for specific purposes. . . . Molluscular vision is not human vision, nor, in accurate knowledge, is it vision at all; it is not seeing, but feeling. . . . It is not a perception of objects, but a sensation of light and darkness." Lewes declares that in the doris, eolis, and in the pleurobranchus the eyes are underneath the skin and rest on the brain (*œsophogeal ganglia*), attached thereto by a microscopic nerve." The same skin, bear in mind, is without an aperture, as in man, and through which, in him, the rays of light fall directly on the eye; "so that," says Lewes, "in spite of pigment, lens, and nerve, the essential parts of a visual organ, vision is utterly impossible; as you may conceive yourself," he playfully adds, "even with your own admirable eyes, if the lids are obstinately closed over them." Now, although these eyes of the doris, &c., are incompetent to vision, must they not be regarded as the "early stages of that marvellous and complex function"? Bear in mind, that for a period of many years the eyelids of Mrs. Croad have been persistently closed by, as it would seem, a spasmodic or involuntary action of the muscular structures thereto attached. In her there is no aperture or apertures—unless you make such by your own act, *i.e.* unless you pull the eyelids apart. The eyes of the molluscs named above may be said to be in a state of evolution—to have

reached a stage, though a low one, of development. Such eyes are indeed special organs for the reception of luminous influences—enabling the animal to distinguish light from darkness, not only in the general way, like a blind man conscious of a change in temperature in passing from sunlight into shade, but also in the special way of minute local variations, such as are caused by the shadows of near objects. If, then, the position taken by Lewes be accepted, “the eye is a tactile organ, and that what we call vision is,” as he has affirmed, “a combination of sensations of touch, and of temperature of a certain kind.” Those acquainted with these recent investigations in regard to the eye and its functions, know well that the opinion is gaining ground that “*images are not formed on the retina,*” and cannot, therefore, be transmitted as “images” to the brain. It is affirmed that the thing transmitted is simply a sensation, or a group of sensations, excited by what is called the “image.” After a very elaborate argument “against the retina as the receiving screen of images, and in favour of the pigment layer,” upon which Lewes asserts “the varied images of external objects are painted, the effect being to raise its temperature, whilst at the same time they (the varied images) become extinguished, but not before such a local disturbance of temperature has arisen as to cause the act of vision to commence,” Lewes concludes his argument by declaring that, in the words before quoted, “*we see very much by the aid of our fingers:*” words which, if put in a milder form, would mean that light or vision is the product of “*a sensation or a group of sensations.*”

In connexion with the preceding remarks it may be stated here that, as it is with the lower forms of animal life, so it is with the genus *homo*. Even to this time the law of evolution is not infrequently arrested in its onward march; and evidences of the same are seen in the eye itself, including, of course, the whole organism of man and beast. It was in 1836 that I saw a child which was born with no eyes; but in the orbits I found (*post mortem*) some loose cellular tissue, in the centre of which was seen what was considered as the rudiments, or beginnings, of eyes. The case is to be seen in the *Lancet* at the period named. Not unlikely the orbits of this poor child contained the eyes—so to call them—of some mollusc or star-fish; or, it may be, of some unknown or even extinct form of life. Now, arrests of development are common enough; no single organ of the body can be held as exempt from such “monstrosities”; it is equally true that each organ, although duly evolved or perfected, may slowly, yet surely, degenerate or fall away from its original perfectibility, and so realise, step by step, the lower organism of an invertebrate,

or even of the mollusc. Have not the eyes of Mrs. Croad so degenerated or fallen away from their once original or normal condition? Have they not within these several years gone passed through a degenerative process—one which may be even now in progress? It should be known that during the early years of her blindness it is recorded that her eyes remained open; the eyelids were wide apart, but they are now closed and fixed, as are those of the doris, eolis, &c. Assuming Mrs. Croad's blindness to be at this time complete, may it not be concluded that the requisite "sensations or group of sensations" (Lewes) are not transmitted onwards to her brain; and because only the "necessary combination of tactile sensations with sensations of light" is absent, or non-existent; to use the words of Lewes. But I confess to be unable to unravel satisfactorily the large amount of mystery attaching to this case; and therefore it is I desire—as I really do—your co-operation or assistance.

It was said, you know, by Empedocles, that when matter assumed shape there were many irregular forms which could only partially sustain themselves, and which only slowly attained forms adapted to certain ends. The application of these words to the eye will directly occur to you, and when taken in conjunction with the following sentence from Darwin's great work "On the Origin of Species," will add greatly to their interest, if nothing more. "The most perfect organ in the body," writes Darwin, "is the eye; it is the gradual development of a simple sensitive nerve, which having arrived at its actual condition by numerous imperfect gradations, is yet susceptible of a much greater development before arriving at the greatest perfection" in man. That which Empedocles thought some 2,000 years since, and Darwin has taught and is yet teaching, appears certain; what has been and is will ever be. Who ventures to doubt that—in the words of Dr. Louis Büchner—"what is at this time existing in the world are the remains of an infinite number of beginnings."

All nature widens upward. Evermore  
The simpler essence lower lies;  
More complex is more perfect, owning more  
Discourse, more widely wise.—TENNYSON.

To revert to the immediate subject of this paper, and to get at the real condition of the nervous system of Mrs. Croad, or such parts of it as beget the rare transference of sense witnessed in her, I would refer you to the experiments of Spallanzani, made on the bat. "How," Spallanzani asked himself, "do these creatures make their nests here in the pitchy darkness, and how do they move here so swiftly, and with

perfect self-possession. It cannot be by eyesight. Their very small eyes may be of some service to them when they are catching the small soft insects in the open air in the dusk of the evening, but can be of no use to them here." Spallanzani had several of these bats caught, and on examining them carefully he found that the thin membranous structure constituting their wings was "full of small streaks or threads," or nerves of extreme sensitiveness. The next step he took was the destruction of the eyes of the animals; and having placed a number of strings across a room, and suspended many more from the ceiling—"he then introduced a swarm of flies, and let the mutilated bats loose in the same apartment, and watched them." The result of the experiment is told in these words:—"The bats caught the flies rapidly, shunning every string with the utmost dexterity, never touching a single string, because aware of their whereabouts by the nerves in their wings. They felt but without touching—as you and I feel—only their sense or power of perception is more intensified," and so much so as to be independent of anything like vision. Without eyes the bats felt, and feeling, perceived the flies; and bear in mind it is without the sight, or blindfolded, that Mrs. Croad perceives or conceives the objects on the picture-cards and photographs.

These appended remarks—designed to explain or account, in some slight measure, for the preceding facts—in a rare and abnormal form of suffering, or in a case altogether exceptional—would be wanting in completeness if I failed to allude yet again to what I have in a preceding page called "a marked mental sympathy or concordance" as between Mrs. and Miss Croad as shown or realised in the mode of communication practised by Miss Croad, and the results thereof. We have the authority of Miss Croad thus far—she affirms that, as the rule, it is requisite simply that she put herself in a close or personal contact with her mother, to convey to her what she wished, or to give her a knowledge of this or that, as the case may be. Can we well doubt that this fact—if it be a fact—is to be explained only by the occurrence, at certain times, and under circumstances more or less rare, of what is called "thought reading," or "community of ideas and sensations," as between the mother and daughter? Now, the question arises—What relation, if any, does the said "thought reading," or "sympathy," or "community of ideas and sensations," hold to the "transference of special sense," from the blinded eyes of Mrs. Croad to her fingers and her thumb of the right hand? It should be borne in mind that during the use of the tests, as already described—*i.e.* the blindfolding and

padding, &c.—Miss Croad stood or sat, as a very general rule, on the left of her mother and very close to her; in fact, the head of Mrs. Croad reclined on the right shoulder of her daughter, to say nothing of the frequent, though temporary, contact of the fingers of Miss Croad with the cheek of her mother. In what relationship, if any, did such close and personal contact of these two persons stand to the strange perceptive power already explained in regard to the picture-cards and photographs, &c.? Was the said contact the cause or source in any degree of the lucidity or clairvoyance manifested by Mrs. Croad, and witnessed over and over again by so many? It has been suggested that Miss Croad did, in some strange way, convey to her mother during the testing a knowledge of the cards &c., the objects represented on them, their colours, &c. Well, the suggestion was acted on: the same testing, on being again and again repeated, and in the absence of Miss Croad from the room occupied by her mother, proved altogether and conclusively in favour of Mrs. Croad. The same evidence of the same “transference of special sense” from the eyes to the digits was always forthcoming.

We are bound, then, to conclude that the “transference” was, or is, altogether independent of any kind of influence imparted by Miss Croad to her mother, and that the existence of the same in Mrs. Croad is due to what is called “clairvoyance.” To her being in the same condition must be referred, also, the detection of the letter—already mentioned—sent by Dr. Maclean to myself, as well as the strange prevision occurring occasionally in her, and whereby she anticipates my own approach to her residence.

As a further illustration of Mrs. Croad’s peculiar and clairvoyant gifts, it should be stated that at my second interview with Mrs. Croad, and in the presence of Dr. Andrews and others, certain of my own personal and private convictions on a particular subject became, as it would seem, in a strange and exceptional manner, known to Mrs. Croad. She asked me if I would allow her to tell me a secret in my own life history, and would I be offended if she wrote it on her slate. I replied “No.” That written on the slate was and is a fact, than which nothing could or can be more truthful and to the point. Dr. Andrews is prepared to verify this; the others present on this occasion were but little known to me.

By the above personal experience I am reminded of the very remarkable case of Lschokke, the celebrated Swiss novelist. In him the spontaneous occurrence of what the late Dr. W. Gregory (Professor of Chemistry in the University of Edinburgh) has called “sympathetic retrovision,” was well known.

He frequently found himself, as he has described in his works, possessed of a perfect memory of the past life of the person he was speaking to; and it is on record that on one occasion he confounded a sceptic who defied him, by declaring to him certain passages of his past life known to himself alone, and such as he could not have wished to be known to others. This was done in a large company.

In strict connection with the foregoing, and withal the outcome, I should say of "sympathy," of a specific kind, is the effect of music on Mrs. Croad. Her biographer (Mr. Westlake) writes, at page 22 of the "Service of Suffering," that "though quite deaf she (Mrs. Croad) can perceive and appreciate harmony; no greater pleasure can be given her than for some friend or friends to take her hand and sing to her. She will whistle a second treble most accurately as the tune is being sung, and at other times she will join in the air." The fact is of value, inasmuch as it goes to show that the general condition of Mrs. Croad is one not unlike that manifested by many persons when under the influence of mesmerism—so-called—or when hypnotised. Dr. W. Stirling (Professor of the Institutes of Medicine of the University of Aberdeen) tells us in a pamphlet but very recently published, entitled "On Animal Magnetism," that Mesmer played on the harmonica, an instrument invented by himself, and "it is curious," writes Dr. Stirling, "to note that persons in the so-called magnetic or hypnotic condition are more early influenced by music than when in their ordinary state."

To complete the case under consideration, it should be added, but on the authority of Mr. Westlake, that "Mrs. Croad asked his wife whether there was a room beyond, pointing where there was a passage. Being told 'Yes, two,' she said, 'What does the servant do down there at night when you are all in bed?' She was told that the servant had no business there, and the reply was, 'Well, she does go down there; I have known her to do it more than once. She takes off her boots first.'" It is added: "We made inquiries, and found that when she thought we were all asleep, the girl went into these rooms and helped herself to what was not hers, the result being that the kleptomaniac had to be discharged." What are we to think of the foregoing facts and of the above statements of Mrs. Croad's biographer? Evidence of the truth of cases parallel to this case is to be had for the asking. Does it not behove us to let no opportunity slip to investigate such in view of their right comprehension? "In this dark corner of nerve physiology," writes Dr. W. Sterling of the University of Aberdeen, at page 12 of his "Animal Magnetism," "much has to be done."—"The study of hypnotism," to which Mrs. Croad's

case bears a close affinity, "is," he affirms, "important, because it must tend to approximate the sciences of physiology and psychology."

I know not how to avoid a still further reference to the clairvoyant faculty evidenced by Mrs. Croad; but this paper would be incomplete were I to omit some additional reference to it. The case, though of a mixed character, is clearly one of "spontaneous clairvoyance," being the exception to a rule. So far as I have gone into this matter, I feel justified in this assertion. Dr. W. Gregory—who follows, or did follow, in the wake of Drs. Elliotson and Ashburner and of Mr. Atkinson—Dr. W. Gregory, I say, affirmed that that particular condition of the nervous system held as the cause or starting point of this strange faculty or power (clairvoyance) is one induced or created artificially, *i.e.*, by Mesmerism or by Braidism, so-called. The general or waking state of Mrs. Croad may be held to negative its spontaneity, but it does no such thing. Clairvoyance does not belong only to the higher stages of the mesmeric sleep; it now appears, writes Gregory, "That it may in certain cases be produced without the sleep, and, moreover, when the subject of it is in a state of ordinary consciousness. Indeed," he continues, "if we are to regard clairvoyance as simply the power of noticing or observing certain very fine or subtle impressions conveyed from all objects to the sensorium by the medium of a very subtle agent or influence, which we may call vital mesmerism, the impressions caused by which are usually overpowered by the coarser impressions conveyed to the sensorium through the external organs of the senses, it is evident that the essential condition of clairvoyance is not the sleep, but the shutting out of the impressions of the senses. This occurs, no doubt, in the sleep; but it also occurs in the state of reverie and abstraction, and may, in some cases, be effected at pleasure by voluntary concentration." Now, such "voluntary concentration" is very plainly seen from time to time in Mrs. Croad, and when she is doing her best to describe any given picture-card or photograph.

It is indeed not easy to believe that such things can be, and yet not overcome us like a summer cloud; but they are, and probably ever were, and will be. The transference of the senses, even clairvoyance, is now a fact well known and duly attested by men eminent in our profession. Such phenomena, it is said, are not common—and even when present, are not uniformly so—in a marked form. Gregory believes that the power is the outcome of emanations of a peculiar kind, and that these emanations reaching the sensorium by a special path, become substitutes for the eyes, and hence the fact of sense-transference

or clairvoyance. In all these instances, as the late Dr. Gregory tells us, "it is not that the part acquires the peculiar properties of the regular external organ of the sense transferred, but that the nerves of the part serve as conductors to the subtle influence to the cerebral organ of the internal sense. The fingers do not collect and transmit the rays of light so that they fall on the retina, and the image there formed, according to the laws of optics, be conveyed by the optic nerve to the sensorium; but the nerves of the fingers convey to the sensorium directly an influence which there produces an image of the object." Such is, or was, his opinion; but you will not fail to observe that this explanation of the doctor's is widely dissimilar to the views before referred to, and insisted upon by the late Mr. Lewes.

In confirmation of the preceding remarks in regard to clairvoyance, I would direct your attention to the condition and peculiarities of the somnambule. These you will hardly dispute; they go far to confirm the truth of the foregoing facts.

In the first place, the eyelids of the somnambule are always firmly pressed together, and the eyeballs not in their natural position, but drawn upwards: this condition of things is altogether involuntary.

The somnambule is thus described by the late Mr. Sergeant Cox: "The somnambule, with his eyes closed and all his senses sealed, will perform his daily work, however intricate, write, read, thread a needle, sew, and do other arts requiring keen sight, manual dexterity, and delicate touch, but he neither sees, hears, nor feels with the bodily organs. The mind only is awake, and manifestly the mind then receives impressions of external objects and guides the actions of the body without the assistance of its usual informants, the senses. . . . In this condition he passes without fear and with perfect ease and safety over places dangerous even to the waking footstep, on the ridge of a house roof, across a narrow plank, above a stream, down a steep and perilous path in a mountain side, with a precipice over which an error by the footstep of a few inches would hurl him. . . . The eyes must be useless, for in their position no ray from any external object can possibly be thrown on the retina."\*

The same author in his description of somnambulism, adds these words: "Nor are these phenomena (of somnambulism) all that is strange in a condition not now disputed by physiologists and physicians." Not now disputed? I should be glad, indeed, if physiologists and physicians did not now continue to dispute the facts realised by the somnambule, and demonstrated in him under the influence of mesmerism or when

\* See "Introduction to Psychology," by E. W. Cox.



hypnotised. My late experience goes, I regret to say, in the opposite direction. But let that pass.

To conclude, I would impress on those present the fact that, in the hands of the late Dr. Elliotson, and of Braid and Esdaile as well as many more in the time gone by, animal magnetism, or mesmerism (so called) has been employed—and well and beneficently employed—in the relief of sorrow and of suffering, also in the removal of pain and disease. The enthusiasm which animated these men in their good works, and encouraged them to ignore the rest and be thankful policy, is now very much needed. For myself, I feel thankful that to Dr. Hack Tuke, and to Drs. Stirling and McKendrick, including others like them, engaged at this time in the study of animal magnetism and allied subjects, we may look for the realisation of many and important discoveries in nerve physiology and pathology—discoveries which utilised to the full, may yet aid science, and promote the good cause of progress and humanity. To medical men more than to others is, as I believe, entrusted such high and noble efforts. May such efforts be never wanting in those who come after us, but rather let us hope that such, our successors, will ever—

Live

In pulses stirred to generosity,  
In deeds of daring rectitude,  
In thoughts sublime that pierce the night-like stars,  
And with their mild persistence urge man's search  
To *vaster issues*. (G. ELIOT.)

#### POSTSCRIPT.

As the preceding paper was in course of preparation for the press, Mrs. Croad fell into a decided state of TRANCE, and in it she passed five successive days—during which she neither ate nor drank—but lay for the most part quiet and unconscious; the only exception being the occurrence at rare intervals of a sudden, involuntary, and automatic movement of the arms and upper parts of the body. Now the occurrence of this trance state adds yet another link in the chain of evidence which assures us of the identity or very close relationship of this case with the acquired condition of him or her mesmerised, as well as with the somnambulist, to which matter reference has been made.

## ART. IV.—THE ASYLUMS OF EUROPE.\*

By GEORGE M. BREARD, A.M. M.D., New York, Member of the National Association for the Protection of the Insane; of the American Neurological Association, &c.

WHILE visiting Europe during the past summer I had occasion to study the asylums and the asylum systems of Great Britain, France, and Germany.

My method of investigation was to visit certain representative institutions, especially those that are supposed to be most advanced in their ideas of the treatment of the insane, but not to confine myself to those exclusively; and also to converse with physicians and superintendents and others who had made themselves acquainted with the methods of managing asylums in their respective countries.

In studying these institutions I did not usually avail myself of any letters of introduction, nor did I give any preliminary announcement of my coming, nor was the special object of my visit always stated until the visit was completed.

Offers of introduction from men of the highest influence in this department met me, but I had little occasion to accept them. I wished to see the asylums as they were in their actual and average daily life; in undress rather than in dress parade.

In some cases I saw the chiefs of the institutions, in others assistants or subordinates, in others still only the chief attendants.

In England and Scotland all classes of the insane are under governmental supervision, and they are visited regularly by the officials, without any warning, whether confined in public or in private asylums. I inspected, therefore, the places that represented all these different modes of caring for the insane,—public institutions, those partly public and partly private, and those entirely private. I also spent two days at the home of J. Wickham Barnes, Esq., who resides near London, and who for many years has had in his house an insane patient who is regularly called upon by the Commissioners in Lunacy. Places like Gheel and Hanwell, and the West Riding asylums, have been so often described that it did not seem necessary to go to them.

\* Read before the meeting of the National Association for the Protection of the Insane, at Fifth Avenue Hotel, New York, November 11, 1880.

Among the institutions I visited were Saughton Hall Asylum, near Edinburgh, under the charge of J. Batty Tuke, M.D.; the Royal Edinburgh Asylum, under charge of T. S. Clouston, M.D.; Fulborn Asylum, near Cambridge, under charge of Dr. G. M. Bacon; St. Ann's Asylum, Paris; Asylum for the insane at Munich, under charge of Dr. Gudden; the asylums at Vienna and Prague; and, lastly, the institution that is now exciting so much attention in Germany, at Alt Scherbitz, near Leipsic. I visited ten places where the insane are cared for.

Everywhere I was treated with all the kindness and courtesy that I could ask; not only was I shown through the institutions thoroughly, but my cross-examinations in order to get at the modes of treatment, methods of restraint, and general management of the institutions, were always pleasantly responded to on the part of those with whom I was brought into relation.

Assistance of the most valuable character I derived from conversations with Dr. J. Crichton Browne, formerly of the West Riding Asylum, and now one of the Lord Chancellor's Visitors in Lunacy, and who is therefore situated so as to know, as well as anyone possibly can, the present conditions and the prospects of the asylum systems of England. By his suggestion I obtained a copy of the lunacy laws prepared by Danby P. Fry, Esq., and containing all the statutes relating to Private Lunatics, Pauper Lunatics, Criminal Lunatics, Commissions of Lunacy, Public and Private Asylums, and the Commissioners in Lunacy.

From this volume and my conversations with Dr. Browne, I obtained points which were more or less new to me, and which have aided me in reaching the conclusions I am here presenting. These conclusions, stated as briefly as possible, are as follows:—

First. *In the methods of supervision, and in the general care of the insane in public and private asylums, Great Britain has been easily first of all nations.* Next to Great Britain comes Germany, which, however, is so fast improving that she soon may be on an equality with Great Britain; of the three British Isles Scotland on the whole takes the lead of England and Ireland; and it may be positively affirmed that on the average the insane in Scotch Asylums are better treated than in any other country. Next to Germany comes France in order of merit.

This relative order of excellence is derived, I may say, not only from my own personal observation, but from extensive inquiries from men best fitted of all to know the true facts on this subject in their respective countries. For

some of these facts I am under special obligations to Dr. Westphal, of Berlin, who takes much interest in the subject of the treatment of the insane, and by whose suggestions and invitation I visited the institution at Alt Scherbitz. Professor Ball, of Paris, also gave me information of value in reference to the French system and institutions. Dr. Arnold Pick, of Prague, a student of Dr. Westphal's, interested himself very much in my inquiries. Conversations of this kind with different individuals in different countries, in asylums and out of asylums, I found of quite as much assistance as visiting institutions; I depended, however, neither upon the one method of gaining information nor upon the other, but, as well as I could, made use of both.

I may say also that in previous visits to Europe I had seen many of the best known alienists, and year before last had corresponded with them in reference to some of the special topics of which I am here to report.

Secondly. *Some method of governmental supervision of the insane appears to be universal, both in Great Britain and on the Continent.* Of the four great countries the United States appears to be alone in compelling the insane to depend exclusively upon their attendants and superintendents and local trustees. The method of central supervision in Great Britain is somewhat complex, but it secures its object,—the guardianship of the insane.

The English Commissioners must not only regularly visit the institutions, public and private, but they must visit each insane person who is kept in care for pay in any private house, and these visits must be made without any warning, and they must see the patient when they come, and they must inquire into and report upon the details of his life and treatment. In the case of wealthy patients—so-called chancery lunatics—that is, those who have property, inquiries of the most minute character are made: the Commissioners are to find out whether the patients have all the cigars they want, all the means of amusement and recreation they need; whether anything within their means, however trifling, is left undone that would be for their comfort. For all classes of patients, poor and rich, in asylums the Commissioners are guardians, and for everything that has a bearing on their welfare. They are consulted in regard to the plans and sanitary arrangements of buildings; they examine the records and registers of asylums, take care of letters addressed to them by patients, and, so far as possible, see to it that no persons are improperly admitted or retained.

The system of governmental supervision of Scotland differs somewhat from that in England, and would appear, on the side

of simplicity, at least, to have some advantages over that of England, but in principle it is similar.

Ireland also has a system which in its details is different from that of Scotland or England; but all these countries have a belief in central supervision; neither superintendents nor any others who have to do with the insane would think of doing away with this system of central supervision any more than they would think of doing away with the asylums.

Thirdly. *In the best asylums of Europe mechanical restraint is reduced to a very small percentage, and instead of restraint labour is employed as a therapeutic agent.* These two facts, absence of restraint and presence of labour, impress one at once on visiting institutions like those, for example, near Edinburgh, or at Alt Scherbitz, near Leipsic. In England and Scotland I found no patient in restraint, and scarcely any excitement in the wards or grounds.

Padded rooms, and in some cases camisoles, are found in European asylums; but padded rooms are often, if not, usually, empty, and the camisoles I did not see in use in any of the English asylums, and but very few in France or Germany.

In one of the German asylums the assistant who took me around pointed out one or two patients with their arms confined, and said, "This is not my idea; if I could have my way I would not use these."

The extent to which labour is employed seems incredible, and cross-examinations were constantly needed in order to convince me that not only washing, cooking, cleaning, and the immense farm work on the grounds, but also various trades were carried on by the inmates, the patients of the asylums. Again and again I asked how they succeeded in making the lunatics work. The average reply was that, in general, there was no serious difficulty; that by proper management they could be trained to work and kept at work, and would do as much, and, in some cases, very much more than persons in health.

Out of three hundred and forty-seven private and pauper male patients in the West House of the Royal Edinburgh Asylum, two hundred and fifty-four were profitably employed: one hundred eighty-four in out-door work, thirty-eight as tradesmen, and thirty-two as assisting attendants. The difficulty that Dr. Shaw, of the Flatbush Asylum, encountered, that is, the objection of friends of the patients to having their insane friends and relatives compelled to work, is not met with in Europe; so far as I could learn no such prejudice has to be overcome. Of five hundred and forty-one pauper patients in the Royal Edinburgh Asylum, of both sexes, only eighteen men and

twenty-eight women were prevented by their mental and moral condition from being employed.

This utilisation of labour is carried out in detail not only in England, but in France and Germany; and, as it would seem to me, more thoroughly and successfully in England than in the other countries. At Alt Scherbitz there is a farm, on which the inmates work, and on that and in the shops and in the cooking and washing rooms are carried on almost all forms of labour,—as much as one would see in a good-sized village.

Whatever can be said, or has been said, or will be said to the contrary, the general principle of reducing restraint, or employing it merely in a very small percentage of cases, is not only universal in the best asylums of England, but is growing into favour everywhere in Europe. Among the most thoughtful, scholarly, and advanced men, especially the younger men, both in England and on the Continent, it is no longer a question, but an established principle beyond discussion, the only points raised being those which relate to the degree of restraint, and the best methods to be substituted for it. In these particulars there is not and need not be entire agreement, any more than there is or need be entire agreement among physicians in regard to any hygienic or therapeutic measure.

Among the best alienists of Europe, those who have done and are now doing the most to advance our ideas relating to insanity, theoretically and practically, in and out of asylums, the belief that restraint should be reduced to a minimum is as universal as the belief in the preventive power of vaccination. According to Westphal, non-restraint is the rule in the asylums of Hamburg, Göttingen, Charité (Berlin), Halle, Marburg Heidelberg, Eberswalde, Keppenheim, Werneck, Munich, and Alt Scherbitz, and in all the asylums of Switzerland.\*

Fourthly. *In the best asylums of Europe the insane are treated much like children.* This principle has not, I believe, been formulated in so many words; but, nevertheless, it is acted upon rationally and instinctively.

All families allow their children liberty, but it is a watched and guarded liberty; we do not chain them, nor shut them up in closets, but suffer them to come and go as they please, and as we please, according to their age, all the time keeping a guardianship over them to see that they do not wander too far away and do not harm themselves or others. The insane are children; diseases of the brain practically depriving them of the advantages that come from education and maturity, taking away their manhood, and carrying them back to childhood; it

\* Alienist and Neurologist, October 1880.

Fifthly. *The best asylums of Europe are not enormous or imposing buildings, but a series or collection of small or moderate-sized unimposing cottages or houses.* In Europe, as in America, alienists began by placing the insane in gigantic palaces, and there, as here, they are finding out that with the increase of insanity, which could not have been anticipated either here or there, there must also be a change in the method of the construction and arrangement of asylums, although many large buildings remain.

The institution at Alt Scherbitz has six or eight cottages, a small distance from each other, each cottage being about the size of a moderate country home—all plain brick buildings, pleasing in appearance outside, and comfortable in reality inside. The Royal Edinburgh Asylum is composed of five houses, separated by a considerable distance; between the so-called "East House" and "Craig House" there is a space of almost a mile. It is believed and asserted that this splitting up of large buildings into a number of small ones, and this scattering the insane over a wider area than has been the custom formerly, is an immense practical advantage for all classes of lunatics. It allows them variety of employment; it allows seclusion for those who wish to be secluded; it gives change of scene and environment, so needful for sane and insane.

Sixthly. *The methods of treating the insane in and out of asylums, that have been most satisfactory in Europe, can be and will be introduced in this country, in spite of and in the face of certain practical difficulties.*

The chief of these difficulties is the nature of our political system, the motto of all political parties being, as you know, The spoils belong to the spoiler. Whatever can be obtained from the State is so much gain to the individual. Offices are the wages that we pay those who obtain offices for us.

Lunacy reform is, therefore, on one side, a branch of civil-service reform, and must rise and fall with it.

One of the Lord Chancellor's Visitors in Lunacy told me that he had a salary of seventy-five hundred dollars, that his position was a life one, that he could be removed only by the joint action of both houses of Parliament and the consent of Her Majesty. But as we have, on the whole, good men appointed on our health boards, with exceptions now and then, it is fair and right and rational to hope that we shall have, on the whole, good men appointed on the central supervising commissions when we get the legislation.

This practical difficulty, therefore, grave as it may be, though it should not be forgotten, and must always be considered, is yet not to be anxiously or discouragingly feared. The first need

of lunacy reform in this country is the creation of a mixed board of government commissioners in each State.

Yet another practical difficulty, not always referred to in these discussions, is that of getting as good officers and attendants at small salaries as can be obtained in Europe for the same salaries. In all departments of activity in Europe we find men of much ability, native or acquired, filling humble or badly rewarded stations, who, in this land, might be making themselves wealthy and illustrious. This fact, the result of limited geographical area and excess of competition, is an advantage to those who seek for attendants or companions for the insane, or for superintendents of asylums. A moderate amount of money will purchase a far higher order of talent, and insure greater devotion, there than here. In the Saughton Hall Institution they adopt the plan of having educated, cultured ladies, in reduced circumstances, as companions for the wealthy insane. The duty of these companions is to accompany the patients in their drives and walks, be with them constantly in the drawing-rooms, to supervise, in a degree, the nurses, and, in some instances to sleep with those under their charge; and from this plan results of the most satisfactory character have been gained. In this country it would be far more difficult to find cultivated ladies who would be willing to take such positions.

The superiority of Europe is in organisation; in individual effort in certain directions America is equal to or superior to any European country. In the treatment of the insane outside of asylums, by general practitioners and students of the nervous system, there has probably been as much advance in this country as abroad; and especially in the treatment of various morbid states of the nervous system that often lead to insanity there has been nowhere such satisfactory progress as here. This is the philosophical method of combating insanity: treating the insane before they are insane; arresting candidates for lunacy before they have stepped on the threshold of the asylum.

In regard to private asylums, concerning which Dr. Bucknill has lately written with so much vigour, these two facts must be admitted: that the system is liable to abuse or to suspicion of abuse, even under the central supervisory commissions, but that they would appear to be in a degree almost, if not quite, a necessity, with which we cannot entirely dispense.

In this respect, as in all respects, we are to study Europe, not to imitate it; what is good we are to keep, what is evil we are to reject; the chances for improvement by invention and discovery we are to resolutely occupy. To aid all these processes of scientific advance in the study of insanity, and in the management of the insane, this society has been organised and will be maintained.



ART. V.—THE MENTAL DEVELOPMENT OF THE  
INFANT OF TO-DAY.

IF it be true that the mental phenomena of the infant have been sometimes misunderstood and misinterpreted, and that psychology has not always received the full benefit of the correction which a faithful observation of them would have furnished, might it not conduce to the interests of that science to put on record another attempt to carefully study the mental development of an infant from its birth to the age of two years?

The aim in the education of this infant has been to watch the direction of its mind, without coercing it; to strengthen the brain by systematic gymnastic exercises, begun at the age of four months; and in every way to attempt to act indirectly upon the brain through the muscles, thus keeping up the true equilibrium of the nervous system. The facts which have been lately so powerfully brought forward by Dr. Crichton Browne, to show that the growth of a large district of the brain is apparently dependent on muscular exercise, and that if that be withheld at the growth period the development of the brain will be stunted, and perhaps the whole series of ideas connected with form, distance, resistance, weight, &c., rendered faulty or incomplete, were by no means realised in this experimental essay in the physical education of infancy; the dominant idea rather was, that during the whole period of dentition tendencies existed, more or less, in all children, to either congestion or irritation of the brain, and that such a plan of exercise might tend to keep it in a healthy and vigorous state. Success seemed to attend the effort; the infant cut its first teeth very easily at eight months, and then weighed 21 lbs.; it was very muscular, stood firmly at nine months, and walked freely soon afterwards; it was always fearless in taking exercise; disdained all help in learning to walk, and grew exceedingly self-reliant. Its height when nearly two years old was 2 feet 10 inches; the expression of its countenance was bright and intelligent, but infantine, and by no means precocious.

It may be interesting to notice, first, the intellectual and moral development of this infant, and then consider some of its instinctive acts. Fair average intellectual powers seemed easily discernible in it, even during the first week of its life,

and were recognised by the strong and healthy development of its animal instincts and good muscular mechanism, and by its ability to kick vigorously, *to lift its head slightly from the pillow*, to clench its hand and *grasp anything firmly*, and to drink *easily out of a spoon*. Its earliest intuitive perceptions seemed to be of colour, odour, form (at two months), distance, and combination (at four months). Some knowledge of numbers, classification, recognition of places, a good memory, and articulate speech, including the use of pronouns, conjunctions, and the inflections of verbs were all observed at ten months, and even earlier, whilst imagination did not appear to come into play until eighteen months, and logical reasoning was not attempted until the infant was nearly two years old.

Warm affection was the moral faculty the earliest exhibited (four months), kindness of heart, love of animals, and of other children at five months. Sympathy, bold truthfulness, self-esteem, and a sense of justice at nine months. Self-denial was noticed at the same time as imagination.

By the end of the second month the infant showed decided determination of character, perseverance, and strong will; it would firmly hold down a hand to prevent its wishes being interfered with; it then for the first time noticed with delight the colour blue, together with birds and flowers, and liked to smell a hyacinth; it was pleased with a toy bird; would feel over the outlines of small animals in pictures, but especially loved to feel the forms in bronze of a *horse* and of a *dog*; a little later on it noticed much the latter animals when it was carried out of doors. At four months it cried passionately when missing its nurse towards evening, after she had been absent a whole day: it looked all around its nursery and began to cry again each time it had failed to find the familiar face. It also showed at this age an unmistakable need for toys by the many combinations it devised with boxes and all small objects, that came within its reach, balancing them, and placing them in novel and strange positions. Taken to a toy shop it *chose* its toys, showing a strong preference for a horse and for a dog. At five months it began to talk, using constantly its limited vocabulary of six words of its own accord to express a want or an intention. "Ning" was then its word to ask for milk, and it used it still at two years old; it said "going" when intending to get down on to the floor or crawl to any given place. When allowed to get off the lap, a sofa, or a bed, it was balanced by a sash firmly tied around its waist; and its ability to judge distance, especially height, and the way in which it cautiously put out its hand and watched how far it was from the ground before trying to get down was most curious; it seemed able to

measure distance with something like infallible accuracy. At nine months, when it had returned from a drive, it told how it had seen "pretty things," meaning cattle. At ten months it told about "pretty men," and in the evening found pictures of hunting scenes with men in pink coats, and pointed them out as the "pretty men" it had seen; it called itself "little kitten," gave distinctive names to five dolls, one of which was "Pretty Baby," another "Peter Piper," and a third "Didn't," a word it often used when making persevering efforts after repeated failures to carry its point or climb somewhere.

It talked a great deal at this age, saying: "Take me, mama, take little kitten, take me with you," "Give me little lime (lime flower water), mama mine lime," "Show me pretty picture of pretty baby," "Do let me," "I'm going," "Show me that," "Papa gave that to me," &c. Delaroche's picture of "Moïse exposé sur le Nil," it called "Pretty baby tumbling out of bed." At this age, too, it used to resent the absence of its nurse or any prolonged absence of either father or mother, and show it by treating them with perfect indifference when they returned, and this display of wounded affection was repeated many times. It would always boldly avow any mischief it had done, and seemed incapable of deceit in any form. It was always fond of china and glass, and cried if by accident it broke any. It would take everything needed for tea from a nursery cupboard and place them on the table, remove many little objects from an *étagère* and place them again on the right shelves and in order; missed one from its *ninépins* in a moment. It was never allowed to use the right hand only, so always threw two balls at once, and learnt to feed itself equally well with either hand. It was dexterous with its hands, and seemed to easily understand keys, handles of doors, &c. Self-denial was shown by its feeding animals with sugar which it greatly longed to eat. When wanting to wake the sleeping cat it would patiently sit beside it, and do it very gradually for five minutes; when feeding a doll with milk would hold the doll's dress so that it might not get wet at the neck; both these were actions it had never seen or felt. It imagined little dramas amongst its animals. It would say "I'm a pretty bird," and then pick up threads, pretending to make a nest, or else say, "I'm a fly."

It divided all birds and animals whose names it did not know into two distinct classes: "bockies," those with large box-like bodies—an elephant for instance—and "mongrels." On being shown a little chicken a day old, and asked to name it, the infant instantly examined its feet carefully (it had seen young ducks) and promptly replied "It is a mongrel." It

would not listen to verses sung about the sky and stars alone, but said "The sun and the moon must come first." It would miss in a moment any one of its ten animals, and say "Where is my cow? it is such a funny cow to get away like that." When wanting to show that its throat was sore, and that it would like embrocation rubbed in, it took an animal, rubbed its throat, and said "Mama, do as I do to my barkie." It could say dog, but called all dogs "barkies," and all cats "minnies." It talked to a tortoiseshell cat, saying "Unkind mama, wouldn't come down on the floor to me; I get down to my dear 'minnie' and to my barkie."

It was able to give long continued attention to the same thing. Driving on several occasions a two-year-old cob for nearly a mile, it held the reins very firmly, and touched it lightly of its own accord with the whip when it shied. It showed its recognition of weight and resistance by saying when the kitten had grown rapidly, "Minnie is so strong now, like a barkie, too strong for me."

Many acts which might truly be called instinctive were traced in this infant. At ten months it drank water from the hollow of its hand, and recognised the sufferings and approaching death of a blind kitten, crying piteously at the sight of it, and then covering it over with a cloth. It sickened for an attack of scarlet fever at sixteen months on the same day that it had for the first time tasted beef-tea, and ever afterwards refused gravy altogether, however disguised. A wasp it insisted was "only a minnie fly," so that although warned that they would sting, it would remain quite passive eating fruit whilst six or more settled upon its clothes, and would even *stroke them* on the window pane, with the left hand ready to guard its *eyes* from attack, saying "I don't mind them; I can catch them for you." It did not appear to be ever stung by one, but had suffered much from the bites of gnats, and saw everyone around it nervous and afraid of wasps, and beating them off.

It seems probable that most infants who have inherited brains at all well developed have distinct thoughts associated with the language that they hear long before they gain much power of audible articulation; that there are, in fact, *four* stages in the growth of an infant's knowledge.

1st. The infant takes up *unconsciously* into its mind what it sees and hears, much of this remaining there ready for future use.

2nd. The infant awakens to the *consciousness* of the possession of these thoughts and facts; if intelligent, but unable to speak, it is yet well able, by looks and gesture-language, to convey its knowledge to other young children.

3rd. The infant makes its earliest attempts at nerve action in the auditory perceptive centres, followed by an *imperfect muscular action* not sufficiently well combined or not complex enough to *form articulate utterance*. This muscular action or vibration of muscular feeling may be often noticed as just visible when no word is audible, if the infant be closely watched whilst some little rhyme is repeated to it.

4th. The infant attempts audible articulation, sometimes the sounds *appear* to be meaningless jabber to those around, but they are really the expression of perfect thought to the child, who gives an immediate motor outlet to the words when it fancies it has attained perfection through repeated mental trials and failures.

It is a rapturous moment in an infant's life when it first finds the power to articulate in words what it has so long done as a mental process alone—a pleasure which probably surpasses that which a great orator can feel from his grandest effort.

The infant who at eighteen months merely looked at its animals, and said the name of the missing one, showed a little later how it had been enabled to mentally do this so quickly, by rapidly repeating aloud the names in a given order when it wished to see if they were all together. It was evident, too, how its meaningless sounds, with words here and there rhyming, which seemed like mimic reading, were really associated with distinct thought, for at two years of age it began to repeat very many nursery rhymes, most of which no one in the house knew. It had never been with other children, and said that it had learnt them from a former nurse, whom it had not seen since the time when it was twenty-one months old; thus it was perfecting its power of utterance for several weeks before it was understood. It showed its pleasure at its first recognised achievement by saying to a horse, "White Nose, you can run very fast, but you can't say Jack and Jill."

It was very noticeable that this infant's articulatory capacity was never confined to mimicking, that is to say, to repeating such words only as had just been spoken to it; and from this several curious questions arise. For instance, would it usually follow that, articulate speech being a highly complex muscular act, any system of infant exercise, which should carefully and equally develop every muscle, would hasten on the more perfect performance of the mental and motor processes involved in the acquirement of language? Or has speech really now become a "truly automatic act for human beings, so that, if children do not speak at birth, it is in main due to the fact that their nervous systems are still too immature?" And if the more highly-wrought nervous system and rapidly increasing com-

plexity in the nervous mechanism of the infant of to-day should go on increasing in the ratio that it has done for the last fifty years, may we naturally look for articulate speech at birth as the result?

The early ability of this infant to express its wants might also be explained by a painful fact in its mother's history, as she distinctly remembers that when eighteen months old she was burnt on the neck by a red hot cinder which flew out of the fire between the bars of a nursery guard, and that she was unable to speak sufficiently to explain what was hurting her: for it seems probable that a young child's nervous impression is no momentary phenomenon that appears and disappears, but rather a fact which leaves behind it a lasting result, something added to previous experience and modifying it; and that the newly-attuned type of nervous mechanism may be ever afterwards transmitted by inheritance as the true ancestral type.

A curious example of this was believed to be traced in the infant under observation. At eighteen months it was shown some gaily-dressed ugly wooden dolls, with shapeless noses and inane features, but such as delight the hearts of most children. At the sight of them it set up a shriek of agonised terror, and it was several days before its trembling and horror at the mere sight of the room where it had seen them could be quite overcome, and it induced to enter it. It was remembered that from the time the infant was very young it had manifested a fear and horror of its most cherished dolls the moment that they were in any way damaged or mutilated, which was in striking contrast to its fearlessness with animals. Its mother supposed that this was an inherited peculiarity, as she knew that she had in her own childhood always shrieked at every doll that lost an eye or arm, and had at once cast them aside: the added dread of *ugly* dolls she attributed to having when a young child herself been much frightened by seeing in a garden a huge ugly doll, which the servants said had been thrown there by an idiot, a man of 30, who played with it.

On further reflecting on the whole curious question of the *origin* of so strong and unusual an antipathy, a family story was remembered of the infant's grandmother having been punished for quarrelling with a brother about a new and pretty wooden doll, by having it cut up into small pieces in their presence; the girl, in whom the maternal instinct was the strongest passion of her nature, thus received a nervous shock so cruel as to quite account for the transmission of the antipathy to her child and grandchild.

A similar example of inherited antipathy was mentioned by Dr. Huggins, in "Nature," February 1878. He has, it appears,

a dog named "Turk," the son of an English mastiff of some celebrity. He soon observed in this dog a most remarkable aversion to all butchers, the antipathy extending even to butchers' shops. Dr. Huggins made careful inquiries, and found that a similar antipathy existed in both the father and grandfather of "Turk"; other sons of "Turk" by different mothers also inherited the peculiarity. The original owner of Turk narrated some curious facts about one of the latter dogs named Paris. He would hardly go into a street where a butcher's shop was, and would run away after passing it. When a cart with a butcher's man came into the place where the dogs were kept, although they could not see him, they all were ready to break their chains. A master butcher, who had changed his clothes, called one evening on Paris's master to see the dog. He had hardly entered the house before the dog (though shut in) was so much excited that he had to be put into a shed, and the butcher was forced to leave without seeing the dog. The origin of this antipathy, too, might be found in some cruel shock to the nervous system given by a butcher, *in his shop*, to one of the remote ancestors of these dogs long years before; for, undoubtedly, hereditary instinct may be modified and moulded in a very remarkable degree by exceptional individual experience.

Other interesting questions might also arise with regard to this infant in relation to the laws of heredity: one of its great-grandfathers combined considerable mathematical and linguistic powers with unusual ability in portrait-painting. Is there always a strong probability that any special gifts or defects shall reappear once in the fifth generation? A curious instance of this law (if it be really one) was not long since observed in Norwich. A blind boy the only one in a family so afflicted, whose grandfather relates that his own grandmother was born blind, and that she was told many years ago by a doctor, then resident in that city, that there would certainly be *one* blind child in the *fifth* generation.

What, then, is the practical outcome of this? Surely we may venture to assert that, whatever be the true solution of the mysterious questions such facts as these suggest, they have a very important bearing on the *earliest* education of children. It seems likely that sufficient importance has not as yet been attached to *this*, as the basis for all that shall follow after. In vain shall we look for the solid healthy work which might have been yielded by a brain well developed from infancy to the dwarfed and stunted mind of a child whose earliest mental efforts have been crushed and thwarted. Many an infant's life-long character may be made or marred between the time of its

birth and its attaining the age of one year. The lessons of renunciation, self-control, and kindness must be taught *then*, if they are ever to be well learned, and imagination or fancy, so dangerous to the future strength and stability of its mind, must be kept in abeyance by the most careful adherence to realities in its pictures, toys, &c. If a thoughtful parent, who knows that any tendencies his child has inherited from ancestors on either side may affect later in life its physical health, carefully guards against the first symptoms of such possibilities, will not the same prudence dictate at least equal attention to its moral and intellectual bias? The ancestral peculiarities may, so far as known, be studied with great advantage. The special form in which the taint of evil or weakness shall exhibit itself may thus be early guarded against, and the first germs of good be wisely and tenderly fostered and encouraged. So, too, may it be with regard to its intellectual capabilities. How many mistakes fatal to a child's after-usefulness might be prevented if the gifts and talents it may have inherited were duly allowed for and developed, and no vain attempt made to force from an ungenial and unsuitable soil flowers and fruits which it was never intended to yield.

WYMA.



**ART. VI.—ON THE TREATMENT OF BLINDNESS AND DEAFNESS RESULTING FROM CEREBRO-SPINAL MENINGITIS, BY THE CONSTANT CURRENT OF ELECTRICITY.**

By EDWARD C. MANN, M.D.

*Supt. Sunnyside Retreat for Diseases of the Nervous System, Dipomania and the Opium Habit, Member New York Neurological Society; New York Medico-Legal Society; Am. Ass'n for cure of Inebriates, etc. Fort Washington, N.Y. City, U.S.A.*

THE blindness and deafness resulting from cerebro-spinal meningitis have generally been considered by the profession as incurable. We have been led to the study and investigation of this class of cases by a very fortunate result obtained recently in a case of blindness, which will be detailed further on, in which, by patience and perseverance in the treatment, sight was finally restored; and the results gained in this case, by the use of the constant current, have led us to believe that these cases are not all incurable, and, in giving the results of our investigations, we hope that others may be induced to adopt a like treatment with equally happy results. The catalytic effect of the galvanic or constant current of electricity is such as to remove organisable deposits in all other parts of the body, and to modify nutrition as no other agent can do, and we have long thought that such an action could be excited on brain tissue; and we have, in many instances, seen cases of grave brain exhaustion, bordering on insanity, yield rapidly to galvanisation of the brain, with the chloro-phosphide of arsenic as the only internal remedy. We had been successful in freeing an immovable uterus from the organised effusion which had bound it down after cellulitis, and had rendered it freely movable in the pelvis. The success obtained in this case first led me to hope for results in galvanisation of the brain where the effect of cerebro-spinal meningitis has been to produce both blindness and deafness by the effect of the inflammatory products in the corpora quadrigemina, and on the auditory nerves, by impairing their nutrition. In cerebro-spinal meningitis, we have an exudation in the sub-arachnoid space. The convexity of the cerebrum is affected, but the base of the brain most injuriously so. The exudation is the greatest about the chiasm, in the fossa of Sylvius, at the base of the cerebellum and in the fissures of the cerebrum. The nerves from the base of the brain are completely bathed in the exudation. In the spinal cord we find

vascularity of the dura mater, sometimes between the dura mater and arachnoid an effusion, and generally there is purulent effusion between the spinal arachnoid and the pia mater. The tissue of the pia mater is implicated. In this, as in other inflammations, we have an exudation of liquor sanguinis and migration of white blood-corpuscles and alterations in the nutrition of the inflamed tissue.

These alterations in nutrition are characterised by an exaltation of the nutritive functions of the cellular elements of the tissues involved in the inflammatory process. We have consequently cell-proliferation. These new cells are not properly developed, are prone to take on retrogressive changes, and if they form a new tissue it is poorly organised. It is supposed that this increased nutritive activity which characterises this tissue change is due to the stimulation of the cellular elements by the liquor sanguinis exuded from the blood vessels, and also perhaps partly by impressions conveyed to them through the nervous system. As changes of a more chronic nature we have a more gradual increase in the connective tissue (neuroglia) and atrophic and degenerative changes in the various new elements. We have then in the cases I speak of, where the special senses have become involved as the result of cerebro-spinal meningitis—a diseased condition of the nerves of sight and hearing, caused by disturbance of nutrition; the result of the products of inflammation. The question now is, can we so improve the nutrition of these nerves, and remove these disturbances of nutrition, so as to restore lost or impaired sight and hearing? I claim that we can, and that the catalytic action of the constant current of electricity has a sufficient power to modify and improve the nutrition of these nerves when properly and intelligently applied. I was much surprised when a patient of mine told me recently that an eminent oculist told her that she could allow an electrician to use the induced or Faradic current for her child who was deaf as a result of cerebro-spinal meningitis. Naturally enough she got nothing but a very disagreeable effect, with no benefit whatever. There is a great difference between the chemical and catalytic effects of the galvanic and the Faradic current. The former current possesses them in a very high degree—the latter has no chemical action in solution of salt, water, solutions of albumen, etc. Ten years ago I commenced the study of electro-therapeutics, and can to-day, from almost daily experience with both currents in nervous diseases, state positively my firm belief in what Niemeyer stated in 1870, that “in the constant current we have a means *more powerful than any other*\* of modifying the nutritive conditions of parts that

\* Italics are mine.

are deeply situated," I most firmly believe that other physicians can get the same results I have obtained in these cases with patience and perseverance. The most interesting case was that of blindness so complete that all the oculists of eminence in the country, to whom the patient's parents had taken her, had pronounced the case absolutely incurable, and said that the young lady must remain blind. The young lady was referred to me by an eminent specialist in nervous diseases, and after carefully examining her, I told her parents that I would take her under treatment, and do what I could. My treatment consisted in hypodermic injections of nitrate of strychnia; phosphorus and cod-liver oil internally, and the constant current of electricity applied several times a day at first, for a few moments each time. I soon improved the general health, which was much impaired, but worked carefully and patiently on the case for some weeks with no appreciable benefit to the sight, so far as I could discover. One day, about eight weeks or more after her admission here, I was applying the constant current through the optic nerve, she exclaimed: "Dr. Mann, I can see a flash of light." Up to this time the retina had not responded at all to the constant current. She described the light as appearing like heat lightning we witness in summer. From this time on there was steady improvement, and at the end of about six months' treatment I sent my patient home so well that she could see to thread a cambric needle. My idea of the pathology of this was that we had optic nerves bound down by an organised exudation and that this disappeared, and that the atrophic and degenerative changes also disappeared as the effect of the constant current of electricity. I know of more than one case where parents of children suffering from blindness and deafness have been told so positively by oculists that they could do nothing for them, and they were incurable; that they had absolutely refused to trouble themselves any further about the matter. I think I am the first to suggest a cure and treatment by this method of using the constant current, as I have searched the literature of the subject without finding even a hint at the possibility of its being done. In closing I would say, that of course we do not know how many cases of this kind we can cure. I do know, however, that they are very troublesome to the general practitioner who has not the time to devote to them. We shall most gladly receive any such cases here from the profession as we deem worthy of especial study and investigation, and patient and careful treatment; and we hope and believe that the results of our investigations in this direction will lead us to be able to class blindness and deafness, resulting from cerebro-spinal meningitis, among the curable

forms of diseases of the nervous system. There are also chronic congestive states of the brain which tend to mental disorder if not checked, where, in my opinion, we have in the constant current of electricity the very best therapeutical means of cure. The vessels of the dura mater and pia mater, and of the brain itself are habitually dilated in these cases, and we have to get a tonic contraction of these vessels if we are to cure our patient. By using the positive pole at the level of the first cervical vertebra, and the negative at the level of the superior ganglion of either of the cervical sympathetic nerves we can get this result. Two things must be observed in order to be successful. 1st. Long continued treatment; and 2nd. the avoidance of an injuriously strong current. It is well to use a slowly interrupted galvanic current to promote vascular contraction. Patients usually experience relief which they describe as very marked, after each application. The subject of electrification of the brain and its membranes is a matter of deep practical interest to all who are interested in nervous diseases, and the practical application of the constant current in physiological medicine is as yet in its infancy, and results show that the tissues intervening between the brain and the electrodes, do not offer very much difficulty in application.

## ART. VII.—OPIUM-EATING TEETOTALLERS.

A DARK veil of obscurity enshrouds the vice of opium-eating in England. In what class of society must we seek for those most addicted to the pernicious habit? and to what extent do they yield to the fascinations of the wonderful drug? Accurate statistics are not easily available. Vast quantities of the opium annually imported into England are undoubtedly consumed in other ways than in the legitimate manufacture of its alkaloid for exportation, the prescriptions of physicians, patent medicines, or the drugging of ales and spirits. Much has been said and written against the facilities for secret potations afforded by grocers' licenses—bottles of gin, said to be entered as tea or candles—but what about the penny postage facilities for the receipt of opium in the neat disguise of cough lozenges? The unsuspecting husband or wife would hardly take the trouble to verify on every box the facsimile of the signature as the patentee so earnestly entreats. There is nothing new in Narcotism, for in the East, with the rise of Islamism and the rapid spread of abstinence from alcohol, this vice, which is even more demoralising than drunkenness, became almost universal. The question has often been asked, where do some of the teetotallers get their intense and enthusiastic excitement? They point us to the delicious water, so rich in animal organisms, as supplied by our water companies, and tell us that the crystal spring suffices for all their needs. It may be well for those teetotallers who exact no pledge against narcotics, to wait and see what increase there may have been in the amount of such drugs\* imported into England recently, before too eagerly congratulating themselves upon the temperance of our epoch.

Doubt and darkness have almost always enshrouded the practice of opium consumption; only a few distinguished names, such as W. Wilberforce, Dean Isaac Milner, Coleridge, and De Quincey, have been openly mentioned as opium-eaters; with these very rare exceptions, the practice of the opium-taker, all the world over—China not excepted—has ever been to keep the habit as secret as possible. And this secrecy has been always maintained when its votaries took it in so-called moderation, and even in all the earlier stages; but when the irresistible craving has been fairly established, then indeed

\* In 1872 the amount of opium received in this country was 356·211 lb., valued at £361,503.

all shame at the hideous and unnatural vice disappears, and its devotee becomes lost to all sense of honour, truth, honesty, self-respect, and self-control; a slave to a tyrant so inexorable, that had his crouching victim any such power of volition left, his first effort to totally cast off the poppy-chains might end in death. This inability to live without it is usual; a new constitutional idiosyncrasy, the second nature, demands continuous relays of the supply; a sudden imprisonment for theft, or any other opium-produced crime, may end in death from the frightful shock to the constitution on the sudden cessation of the habit. Young, successful, and vigorous men are at first spell-bound by opium's charms, soon to find, as did De Quincey, all its intensely exhilarating influences fade into the dim past, and then they may begin to know what the fearful craving means. As with the excessive indulgence in alcoholic drinks, so with the morbid appetite for opium, the taint must be surely inherited in an impaired power of volition, likely to lead the descendants to weakly yield to that or any similar narcotic fascination, chloral for instance. Although the opium-eater is, as an almost universal rule, a liar, who denies his vice, yet it can be recognised, even in the earlier stages, by a certain expression, or rather cast of countenance, and by the contrast between the dull, unimpressive, sunken, lustreless eye, and the same under the influence of opium, for then its clear, sparkling restlessness tells its own tale to the practised on-looker, though it does not even arouse suspicion in the generality of mankind. There is an unmistakable "opium look" alike seen in infants and adults always to be remembered if once learnt, but it cannot well be described.

And when opium gets into the nursery, alas for the moral and intellectual faculties of the infant opium-eater. It may be the very highly-recommended monthly nurse who initiates the tiny atom of humanity into the mysteries of poppy juice in one or other of its multiform combinations. It is "such a good baby," passes most of its time in sleep, just as an infant should do. A relative—perhaps struck by something "uncanny" in those persistent slumbers—watches, and is at length rewarded by seeing through the crack of a door ajar a finger with powder upon it, stealthily introduced from the nurse's pocket to the baby's mouth, this followed by a long death-like sleep. Or, the secret delinquent may be the nurse engaged afterwards for the infant, young, pretty, neat, clean, and orderly. No haggard looks nor sallow countenance, nor dirty, untidy ways, as yet bespeak the trail of the opium serpent. She is sure to be a staunch teetotaller, and much prefers beer-money to any poisonous alcohol. She takes the bright, promising, healthy little one, and a mysterious

change soon passes over her infant charge. Weighty words of wise physicians on the moral management of infancy trouble the parents. The baby gets very pale, and white-looking, its slumbers are often unnaturally heavy and prolonged. Few parents are exactly mental philosophers, or, if they are, they are scarcely interested or wise in brain symptoms. Could their eyes be opened they would see strange changes taking place in that very delicate and frail organism, baby's brain. Opium is working upon it in some marvellous way, and if not saved in time, it will soon sleep on, a long sleep, and need a lower bed than the cot with its daintily belaced draperies that tender mother-fingers put so carefully aside to watch the tiny sleeper. What a bluish pallor of countenance! How strangely do the scorched and-swollen eyelids quiver as it sleeps! Now one hand twitches, then a slight convulsive movement can be seen in the face; teething, all kinds of infantile ailments, are supposed to amply account for it all. Bye-and-bye there is noticed in the baby's expression "a little sly look" as the servants call it, an almost idiotic look, the parents hardly dare to think, but yet fear. There is no time to be lost, that child must be saved instantly; or over the fibres of the brain which are perchance of an unusually fine texture, a subtle change will but too soon have fatally swept, and a few years hence a drivelling idiot, probably the first ever known in the family, will be all that opium has left of that highly wrought, beautiful organism, and good moral beginning, the heritage from a long line of gifted ancestors. Epilepsy will sometimes more suddenly and visibly show the ruin and the havoc the drug has wrought, but rarely, if ever, does a physician suspect the cause, except in cases where the child dies at once from an overdose, and is seen to be under its influence. The nurse is often an opium-eater or laudanum-drinker herself, with all the moral obliquity of the race, and knows only too well how to time her potion that no doctor may be able to see the baby actually under its effects.

It is said that in some of the agricultural districts of England, where laudanum is freely indulged in by teetotallers, and there is a large and steady consumption of crude opium, mothers are less addicted than formerly to the baneful practice of administering it to their children, because more enlightened views are now prevalent upon the subject. It might be well if the wives of our spiritual pastors and masters, officers in the army and navy, and civil servants, would emulate the intelligence of their humbler sisters, and unite to efface from the price lists of their respective stores "Quietness," still advertised at tenpence per bottle. The Chinese or Persian mother goes to work in a more

open and systematic way. She has no wish to be burdened with too many children; she knows that all idiots will be kept at the expense of the state, so she uses opium, her infallible recipe for artificially producing idiocy. She begins by giving her infant at a very early age small doses, and gradually increases them, until the development of its mental faculties is safely, surely, and thoroughly arrested, and then hands over the carefully-manufactured idiot to the care of the state. Are English lovers of "Quietness" much more tenderhearted?

WYMA.



## ART. VIII.—LUNACY LAW REFORM.

AMONG the innumerable essays and newspaper articles on the subject of lunacy, and asylum arrangements, which have lately appeared, a series of papers in "Social Notes," entitled "Lunacy Law Reform," deserves serious attention. Unlike most of the productions of voluntary critics of this subject, the author of these articles approaches his work in a fair and temperate spirit, untainted by the rabid sensationalism that deprives most productions of the kind of any claim to consideration. His strictures are based on a careful examination of the facts which authorise them, and though it can hardly be said that he displays so intimate an acquaintance with the working of the regulations he condemns, as should be, yet he is obviously careful to criticise only after attentive study of as much as he has been able to acquaint himself with.

The question how far medical men generally are, and should be, specially educated in the science of mental medicine, is one that has engaged frequent attention on the part of professional authorities, and is one moreover on which there will be found a common agreement. That the curricula of the schools are oftentimes deficient in this particular may perhaps be admitted. The power the law gives to a qualified practitioner, by his *ipse dixit*, to influence the freedom of a patient concerning whom he is called to pronounce an opinion as to mental condition, presupposes a familiarity on his part with the phenomena of insanity, as well in its initial phases as when it has developed with marked characteristic symptoms. The absence of any universal standard of requirement in this respect from examining boards, however, precludes the probability that an attempt will always be made by students either before, or subsequent to, qualification, to ground themselves in the knowledge requisite to give their diagnosis any authoritative weight.

It is true that opportunities are not wanting in this respect; that every medical student can easily obtain permission to investigate practically the appearances and causes of insanity in institutions specially devoted to the treatment of the disease; but it is little to be wondered at that, with the voluminous studies he is *compelled* to undertake, he but rarely finds time or even inclination to prosecute others in this line. Extension of the period of education will, sooner or later, have to be determined on; and when this has been settled it may be

accepted as certain that nervous diseases will occupy a conspicuous place in the enlarged curriculum. In the scheme of examination of several licensing corporations mental medicine has for some time past found a place, but there is, naturally, a feeling of unwillingness on the part of examiners, however much they may feel the necessity of it, to insist on adequate replies to the questions set in this subject, as a *sine qua non* of success. The writer in "Social Notes" recognises this difficulty, and points out the anxiety expressed by the various examining bodies on behalf of more extended information. He is in fault, however, in quoting from the "Lancet" of 1865, to the effect that "no instruction whatever is given at any of our London medical schools on the subject of mental disease," with the intention of applying it to the present condition of things. At several schools the importance of training in nervous diseases is prominently recognised. At the Charing Cross Hospital, for instance, there is a special class devoted to the subject, under the care of Dr. L. S. Forbes Winslow; and at the London Hospital the clinical lectures of Dr. Hughlings Jackson are entirely devoted to lesions of the nerve structures. At other schools, too, though perhaps less directly, the subject is daily receiving an increased amount of attention. The defect, however, remains in great part that, as a rule, medical men do not receive that degree of instruction which is demanded both by its importance *per se*, and by the great discretionary powers invested in physicians, by virtue of the authority given them to decide on the necessity for special treatment in particular cases. As reflecting the opinions common among the most intelligent lay observers, the following passages are worth reproduction from the "Social Notes" contributor's article. It will be apparent from it that he only vaguely appreciates the difficulties surrounding the subject, and that he only in a degree comprehends the resources available for removing them.

He writes that "To become conversant with mental alienation, it is necessary not only to be well-informed upon medico-psychology from books and other publications connected therewith, but clinical lectures on the same should be attended in the wards of lunatic asylums. Now while psychical lectures have been established, insanity is not made a compulsory subject for examination by any of the medical corporations. On the other hand, subjects of comparatively smaller practical value to the great majority of practitioners, as botany and practical chemistry, form a necessary part of the curriculum of medical education. This omission arises from various causes, among which may be mentioned, firstly, the little interest taken in the

study of psychology until very recently; secondly, the great number of subjects upon which medical students are required to read for their examinations, the very limited time allotted to them for this purpose, and the reluctance on such account of the medical examining boards to add to this almost intolerable burden; and, thirdly, the great difficulty of the subject, which can only be appreciably studied by senior students who are well-informed on collateral medical questions, but who are very much engaged in hospital practice when lectures are delivered on mental disease."

This is a fair statement of the problem, but exception may be taken that it is only incomplete after all. The "difficulty" of the subject is one associated with preliminary knowledge rather than any other defect. The medico-psychologist requires to be, above all, a skilled physiologist, and only so will he, with the additional assistance received from the practical application of physiological principles in the ward, become at length an alienist with sufficient knowledge to give him weight in his future relations with the mentally unsound.

The beneficial effects produced on patients in asylums by providing them with subjects on which to occupy their minds is adverted to, and it is suggested that methodical educational training should be universally introduced into all asylums for the insane. "Jylox" (the pseudonym under which the papers in "Social Notes" are written), however, seems not to understand the marked distinction between private and public asylums in this country, respecting the facilities given to their inmates for intelligent recreation. While the State-controlled institution possesses all, and only, the characteristics of a prison, conducted with prison-like routine, patients in private houses are always free to amuse themselves after the manner that they desire, so long, of course, as it is a harmless one; and they possess, moreover, the incalculable advantage of liberty, in every case where it can with ordinary safety be permitted to them. There is undoubtedly much to be said in favour of regular employment of an elevating kind, and, when resorted to under adequate precautions, it unquestionably results in good to the patients themselves, and in relief to those charged with their supervision. "Jylox," however, is inclined to judge somewhat sweepingly from the published reports in one or two cases, that the measures he applauds will be universally beneficial. He does not apparently speak as having a practical and extended acquaintance with the working of asylums, and to this extent his reflections are deprived of the importance that would attach to them after personal investigation of that he essays to examine. With this drawback, however, his articles are careful and intelligent: they

profess to deal only with the necessity for reform in the existing laws; but inasmuch as the necessity for reform can be deduced only from a knowledge of present imperfections, there is strong *a priori* reason why suggestions concerning it should be based on accurate knowledge of the evils consequent on its defects. These evils are freely described and exhaustively criticised in sensational articles, but since they, as a rule, exist only in the imagination of the heated opponents of things about which they generally possess only hearsay information, it is not surprising that most of this kind of writing is a mere aggregate of nonsensical absurdities. The public mind, inflamed by the recollection of enormities which—before the era of the Royal Commission on Lunacy, were of undoubted occasional occurrence, is at all times ready and willing to give heed to whatever highly-seasoned descriptions of impossible scenes are presented to it. Hence is it that so much that is criminally libellous finds its way into the columns of newspapers and magazines to the detriment of private asylums. It is, therefore, a matter of congratulation that even one writer from the outside ranks, is conscientious enough to throw aside the prejudices that influence his class as a rule, and in place of wholesale attacks in the dark consents, before hurling his bolts, to inform himself by reading and by inquiry of the things that actually are. We are not surprised either that even after this proceeding, he writes in condemnation of the existing laws. The authorities he cites are such as to show that he has consulted those who, for one reason or another, have presented one, and that the worst, side of the question in their testimony. Dr. Bucknill, than whom hardly a more misleading guide could have been selected, is again and again quoted in support of views in favour of reform. The ill-judged attacks of Dr. Bucknill have been sufficiently refuted ere this, to deprive his dictum of any force, and we can hardly suppose that any one now will be prepared to attach importance to the assertions he makes. The need for reform will make itself sufficiently apparent as it arises, and assurance may be entertained that measures will be taken to secure the changes necessary to effect it. None are more alive to the advantages of improvement than those who are the vanguard of its promoters, the proprietors of private asylums. They know full well how far it is wise to amend, and they progress along the path of advance slowly but surely. The practical alienist recognises the folly and the carelessness of sweeping changes, and he prefers, in the interests of his charge, rather to incur ignorant censure than to do that which would tend to the injury of those committed to his care, however loudly the demand from outside may be echoed.

Fortunately, too, the Legislature acknowledges the intimate dependence of successful reform on its adaptation to necessities as they arise, and is content to trust to those to initiate it who can alone be confided to sketch its essential outlines.

We have drawn attention to the "Social Notes" articles because they are considerably higher in tone than the vindictive abuse characteristic of the ignorant productions ordinarily found in newspapers and magazines. They plead for reform greater even than Mr. Dillwyn's bill provides for. To their author we would suggest, in the most friendly spirit, a more extended acquaintance with the *practical* working of the laws as they are.

## ART. IX.—THE CAUSES OF INSANITY.

THE extent to which insanity prevails amongst civilised peoples, and the rapidity with which its increase is registered, are serious questions to occupy the attention of thinkers. On what is dependent the visible yearly multiplication of those to whom the treatment of asylums is requisite? What are the elements of insanity? What are the causes that primarily excite it? It is hardly to be expected, perhaps, that much in the way of reply to these questions will be obtained from a study of pathological changes in the organs chiefly affected. We shall learn but little respecting that which drove A, B, and C to the shelter of the madhouse by a study, howsoever closely conducted it may be, of the brain and body of A, B, or C on the *post-mortem* table. Such inquiries as this give us only the most valuable information as to structural changes brought about during the course of the illness, and present a view of that which had occurred in its progress. Nothing is revealed to tell why A, B, or C became mad, rather than developed any other of the numerous acute diseases capable of producing absolute decay and death of the organism. Many there are who will not, probably ever, resign the vain expectation of finding definite knowledge in the evidences the dead subject may present—knowledge that will guide him more or less surely to a discovery of that which first initiated the lesions, of which he has the proof before him. This objective mode of looking for what it is possible to gather only by invoking the additional assistance afforded by retrospective inquiry, can hardly be expected to produce any very considerable results. The facts of pathology are *simply facts*, and the aid they render towards elucidating the conditions to which they are due, will, so long as it is sought in them alone, be of the most illusory description. We are unquestionably justified in assuming of any given case of mental disease that three principal factors have been concerned in its production, viz.: 1st, an exciting cause; 2nd, a predisposition to disease; and 3rd, inability, chiefly physical, partly psychical, to make progress against the influences once brought to bear on the organism. The researches of later years have done very much to clear up the former obscurity which surrounded the history of the two latter of the three essentials above stated; but, spite of every effort, it remains still for anything more definite than conjecture to be suggested concerning the exciting causes of

insanity. In a paper by Dr. George M. Beard, of New York, in defence of a National Association for the Protection of the Insane, a line of inquiry is pursued which, if persistently followed by those who possess opportunities of investigating the questions it opens up, may in time lead to the accumulation of really invaluable information. Dr. Beard boldly attacks the problem, and indicates the direction whence enlightenment will come, in the following cogent paragraph:—

“This augmentation of the numbers of the insane, and development of novel symptoms and forms of insanity, are most notably seen among the English-speaking people. Insanity is a part of the cost of liberty; it is a tax on our freedom, that so many must be deprived of their freedom. In the great despotisms there is little need of societies for the protection of the insane; where the sane are all oppressed, the number of the insane has never been very great. The Czardom of Russia oppresses its subjects, but does not make them crazy, and the Turks, with all their weaknesses, are mostly sane. England, the spawning ground of empires, sends out her children through all the earth, carrying with them the seeds both of liberty and nervous disease. Liberty implies responsibility; responsibility leads to worry, and worry is attended always with disappointment. Out of the throes and agonies and manipulations and calculations of the last month, two men have been nominated for the supreme office of this nation, to the disappointment of thousands upon thousands of candidates, their followers and friends. A solid despotism and established religion are partly redeemed by this—that they keep the asylums empty; if we think for ourselves and govern ourselves, thousands must go down in the struggle. Nature knows nothing of disinterested benevolence: she never gives anything: she may often trust for a time, but sooner or later we have got to pay, principal and interest. As a philosopher has said, all progress is in waves—a motion without any advance.”

Civilisation, with the attendant excitement of life it entails in those countries where continual changes mark the progress of events, is in its effect more of a curse than a blessing. The fault, however, is not in itself so much as in the feverish anxiety, the unreasoning ambition, of those whose aspirations are fostered by whatever alters the ordinary current of everyday occurrences. The tendency of the time is to stimulate desires that had better been left unroused; the exigencies of political situations, and of mercantile, necessitate the co-operation of a vast proportion of the community in measures that, under a more subdued and less ambitious *régime*, would be an object of concern only to those entrusted with the exciting

conduct of state affairs. Wide-reaching political schemes, however, entail a national sympathy with ideas of a more extended nature than such as are familiar to simpler-minded nations. And, as is now very generally recognised, the character of a great people as a whole is visibly affected by the kind and degree of the operations in which they are involved. Greatness is of many kinds, moreover, and as each country grows in wealth and in importance, so do the matters of internal concern to it grow in complexity and in number. Its government, religion, morals, educational code, &c. &c., all become centres of fixed interest to more or fewer of the people composing it; and, accordingly as these latter are more or less absorbed in, and influenced by, the conditions affecting their chosen objects of regard, so are they liable to succumb at any moment of extraordinary pressure to influences reacting on them for ill. In some the consequences take on the form of physical disease; in many they exhibit themselves in the shape of mental alienation; and when in the latter way, it is to be accepted as certain that there has been a preparatory weakening of the organisation, in such wise as to admit the ready action of disturbing causes sufficiently strong to destroy the harmonious relations of health. These causes, their nature, influence, initial and continued, need to be studied carefully and exhaustively to the end, that any real and reliable, useful knowledge about exciting causes of insanity may be gathered; generalisations in plenty have been made, and the rough outline of the study has again and again been sketched. What is wanted now is such an aggregation of facts as could be obtained, for instance, by bringing together the histories, as fully as possible, of every patient at present in confinement. From a cursory examination even of the few that one has been able to learn much about, it is all but certain that it will be possible by and by, when evidence has vastly increased, to formulate a series of expressions which shall have all the value of laws, and be serviceable for the purpose of predicating the course, and thereby suggesting the treatment, of any and every given case of disease.

The "protection" of the insane has been taken as the object with which an American Society has begun existence. Its president is Dr. H. B. Wilbur, and Dr. G. M. Beard holds the office of treasurer. As a first contribution to "protection" it has issued a small work containing papers by Drs. Beard, Shaw, and Seguin, in which the need for such an association as the new club is demonstrated. The aims held in view by the Society are fair and useful, judging from the following draft of its constitution :



"This Society shall be known as the NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY.

"The methods by which the Society proposes to attain its end are:

"*First.* By the encouragement of special and thorough clinical and pathological observations by the medical profession generally, as well as by those connected with asylums.

"*Second.* By enlightening public sentiment as to the nature of the malady, the importance of early treatment, improved methods of management and treatment at home and abroad.

"*Third.* By recommending an enlightened State policy, which, while neglecting no one of its insane population, shall so administer relief and protection as not to lay unnecessary or undue burdens upon the tax-payers.

"*Fourth.* By holding public meetings, wherever needed, to stimulate legislation that will secure efficient State supervision of all public institutions for the care of the insane, as a mutual safeguard for the protection of Society—the patients, as well as those who have them in charge.

"*Fifth.* To further the perfection of laws relating to the treatment of the insane, and their rights while patients in the asylum.

"*Sixth.* By efforts to allay the public distrust in relation to the management of insane asylums, by placing them on the same footing as that of other hospitals, both in the matter of freer communication with the outside world, and the privilege of a consulting medical staff of general practitioners."

If the intentions shadowed forth in this somewhat comprehensive scheme are at all efficiently carried out, there will accrue a very considerable increase to the knowledge we possess respecting the causes of insanity. Of all the six methods suggested for developing the resources of the association the most important, and that which will most probably be productive of good, is the first: "Encouragement of thorough and special clinical and pathological observations," will bring to light a good deal likely to explain the many incomprehensible facts of lunacy; and in the way of "protection" it is no doubt a legitimate application of the redundant energy so apparent in our Trans-Atlantic brethren. The association, however, is in fault in omitting to include among its aims the further extension of its inquiries to those causes which are primarily potent in the causation of the diseases it seeks to exert an influence over. The examination of resulting conditions, of actual results will not, we consider, lead beyond a certain limit

of discovery ; they can do little or nothing to tell how and why *they* have been developed rather than any other series of changes consequent on the co-operation of the three essential factors of disease ; and in the state of our present understanding the first desire of every student of insanity is to know what produced it.

It has been frequently pointed out that intense intellectual labour is not a fertile agent in the production of insanity. The most arduous and constant brain workers of every age have by no means helped greatly to swell the ranks of the mentally unsound ; we may at any moment find in asylums a proportion of men of exalted intellectual capacity, but they will as a rule be found to be persons of intellectual *habit* rather than intellectual *occupation* ; and though a few professional thinkers are scattered among the lunatics of every country, they are always of a type that is itself a tolerable explanation of their condition. For example, highly educated and highly intellectual men who engage in the worry and concern of mercantile pursuits, who are subject from day to day to the exciting responsibilities of vast commercial enterprises, are pre-eminently those whom we expect to find, and do find, among the insane inmates of our asylums. They are men of nervous, susceptible temperaments ; men who have become exquisitely sensitive by education to the influence of absorbing interests, and men too, who, relieved from the cares incident to business life, had been capable of the loftiest intellectual achievements. Such as these are the first victims to fall before the exciting causes brought to bear on them ; and though, fortunately, their number is not considerable, they are the most instructive cases that present themselves. Under other circumstances, living the life of one following the inclinations natural to cultivated minds, these same patients would certainly not have succumbed to the shock against which, in the life they did lead, they were unable to stand. Naturally, they would not have been affected, in different relations, by the same associations of circumstances ; but this fact is a valuable one to us in pursuing an inquiry into the connections of insanity. It must be that the conditions of existence are eventually chargeable with the initiation of nervous changes which result at length in total mental disablement. The question, however, is not thus easily settled.

There are to be considered, as having an appreciable share in the total result, a complicated series of minor assisting agencies that together materially affect it. The conditions of a merchant's existence are very unlike the conditions of a philosopher's, or even a statesman's life. There is surrounding the one at all times a personal uncertainty of consequences that carries

with it interference with bodily processes eminently injurious to the general health. Digestion is imperfectly performed; the secretions are defective or vitiated, and as a necessary consequence the nervous system suffers at a time when the calls on its special powers are constant and considerable. In this case the exciting cause may with propriety be said to be either one of two; either that is, the inappropriate nature of the occupations engaged in, or the continued physical disturbance engendered through the occupation. The ultimate result is the same whichever is considered; but the mode of arriving at it deductively will differ as one or the other is taken as a point to start from. The detail of especial importance in this connection is, that there is a definite and fixed agreement between certain definable and marked conditions and their resulting consequences. The exact nature of this relation, its kind and degrees, and its susceptibility to influences brought to bear on it, together with the particular nature of these influences themselves; these are the questions that present themselves, and to which answers must be given ere we can hope to advance very much past the point to which mental medicine has attained.

In honest desire to improve the condition of patients brought to them, and anxious to relieve them as speedily as possible, professional students of lunacy have directed themselves to the task of cure without reflecting how much the success of remedial measures must depend on their adaptation to the condition they are invoked to aid, and that this must be immediately dependent on the nature of the causes producing them. It is always a somewhat thankless duty to peer backwards, but in this instance it is imperative, and may well be expected to be abundantly productive. The method of investigation would afford excellent opportunities for the employment of members of such an association as the new American guild for the protection of the insane. It will require for its successful prosecution not only considerable patience, and some technical acquaintance with the individual aspects of insanity, but also such a constant intercommunication of those engaged on it as can only be secured by association of numbers with a common object in view. Single-handed endeavours will do a good deal in the way that is here suggested, but of itself it cannot do all that is required to secure an exhaustive work.

## EPITOMISED TRANSLATIONS.

### ASPIRATION IN ABSCESS OF THE LIVER IN HYPOCHONDRIACAL MELANCHOLICS.

It is stated that Dr. Hammond has communicated to the Neurological Society of America that in his private practice during about a year, he has observed five cases of patients labouring under Hypochondriacal Melancholia, in which there was present abscess of the liver. In these five cases his suspicion was confirmed by a puncture of the skin, followed by Aspiration which withdrew a more or less quantity of pus. The results were that no physical disturbance or determent followed, and that there was considerable alleviation of the mental symptoms. He adds that in all cases of melancholia with hypochondriasis, the region of the liver ought to be carefully explored, and that the simple and perfectly safe operation of aspiration should be resorted to even when no trace of fluctuation indicating the presence of abscess can be detected. The recorders of this experience, Dr. Hénocque, in the *Gazette Hebdomadaire* and the editor of the *Anal. Med. Psy.* concur with Dr. Hammond only so far that attention and careful examination should be directed to the hepatic region in patients suffering from hypochondriacal melancholia, but that no operation should be ventured upon unless or until distinct evidence of the presence of an abscess can be obtained.

### EXPLORATION OF CEREBRAL TEMPERATURE.

The first attempt to attain information as to the temperature of the brain, or rather of the head, was made by Albers, of Bonn, in 1861, and repeated some years afterwards by Dr. Costa Alverenga, but it was only in 1877 that the interest of scientific men was excited in the Thermic Examination of the Encephalon, when M. Broca made a communication on the subject at the session of the French Association for the Advancement of Science, which had met at Havre. Various works in the development of the inquiry have since appeared both in France and in other countries, and M. Voisin has likewise made contributions to our knowledge by the facts collected by him in connection with the General Paralysis of the insane. But the most important and comprehensive researches upon the subject are those of MM. les Drs. Maragliano and Seppillis.

In different works which have recently appeared there will be found detailed instructions and cautions as to the care to be taken by the experimenter in the selection of suitable thermometers and the other instruments employed, the region selected for examination, the due appreciation of the apartment, the season, the hour in which the experiment is made, and the physical and mental condition of the individual to be examined.

But even were all sources of uncertainty as to the mode and surrounding circumstances in the act of exploration removed, it becomes very questionable whether the differences indicated by the thermometer should be localised with the cerebral region under experiment, or should be interpreted as due to the subjacent tissues, the integuments and cranial walls. Moreover, such sources of fallacy, numerous as they may be when the subjects examined labour under cerebral lesions, become more numerous and complicated when the investigation is extended, as has been done by M. Amidon of New York, to healthy subjects, for the purpose of determining the precise site and influence of motor centres over the contraction of this or that muscle.

#### RESTRAINT AND NON-RESTRAINT.

It would appear that an animated, almost a bellicose, discussion has been and is going on in France, Germany, and England, as to the expediency or humanity of non-restraint in the management of the insane. A certain number of the most celebrated of the disputants contend that, in a small number of dangerous patients, the application of a properly constructed camisole is preferable to the strife and struggles which ensue when the manual and muscular forces of attendants are substituted, or to the employment of narcotics in excessive doses, or to their being consigned to seclusion and solitude in a cell, whether that be padded or not. At a meeting of the Medico Psychological Society of Paris in October last, at which almost every expert, distinguished or unknown, connected with the care and custody of the insane, were present, M. Christian read a paper on this much-controverted subject. His conclusions may be briefly stated as that the emancipation of the lunatic from bonds was introduced by Pinel and not by Conolly; that non-restraint is an error in practice, compromising the health, safety, and restoration of the insane, and that the camisole cannot and should not be disused. In these conclusions every individual present, with the exception of M. Magnan, emphatically, several enthusiastically, concurred. M. Christian affirmed that non-

restraint was no longer practised in France, Germany, or Switzerland. In the United States, where a similar controversy has been waged during the past two years, but where the matter agitated is rather the use of the crib or conservative bed than the strait waistcoat, the contest became so violent as to attract the attention of the Government, and three commissioners, appointed for the purpose, are now engaged in taking evidence and in visiting different asylums, so that they may be enabled to report on the merits of the propositions and experience bearing upon the whole question at issue.

The bed, which forms the gravamen of this national dispute, was constructed not so much for the purposes of coercion as to economise the strength of the feeble and the aged, and to protect these and other classes of patients from accidents and the effects of self-inflicted bruises and wounds during excitement and restlessness. It consists of what was formerly designated a box bed, the sides of which are lined with soft padding or mattresses of wool, the bottom being a network formed by girths, which bear the necessary complement of bedding and of air and water cushions, should such be required, while the lid is likewise formed of a network of girths, the interspaces being so small as to prevent the passage of the head &c., but so large as to admit an ample supply of air and light, so that the medical captive may read and suffer but little inconvenience in his novel position. The lid, or cover, is in urgent cases locked to either of the sides.

The invention is claimed by M. Aubanel, of Marseilles, where, however, it is now not regarded with favour. The arrangement was described some years ago by the late Dr. W. Lauder Lindsay, of Murray's Asylum, Perth, in the *Edinburgh Medical and Surgical Journal*, and is believed to be still in use in Scotland.

#### HALLUCINATIONS IN DELIRIUM OF PERSECUTION.

M. Falret has advanced the opinion, founded upon his experience, in describing the evolution of the Delirium of Persecution, that this neurosis is almost invariably accompanied by hallucinations of the sense of hearing, while M. Mabile holds that the affection may be complicated with hallucinations of sight. Professor Laseque, who confirms M. Falret's opinion, has constructed a table illustrative of what he conceives to be the pure type of the disease. It is somewhat doubtful that such a type can be established, and we are inclined to believe that should the inquiry extend to chronic cases it might be possible to reconcile these conflicting views.

## COMPULSORY ALIMENTATION.

M. De Regis, in reopening the discussion upon Compulsory Alimentation in patients affected with sitophobia, has discussed the three following practical propositions :—

1. That the washing out or ablution of the stomach by alkaline solutions, or, what is better, the waters of Vichy, may be indicated in such cases of abstinence as may be supposed to depend upon physical disease of the stomach. This expedient, introduced from Germany, has been resorted to in various of the Parisian hospitals.

2. He suggests that where artificial feeding is practised for a long time it would be prudent that the aliments thus conveyed should contain doses of pepsine, in order to secure the absorption of sufficient quantities of albumen.

3. That in the mechanical process of introducing food, the tube should be so constructed as to expand itself laterally, so as to occupy the whole of the passage into which it may have entered, and thus to announce that the passage entered is or is not the larynx.

The *Chronicle* commenced in the *Annales Médico Psychologiques* for January 1881, is to be continued for the purpose of epitomising and recording all facts relative to the clinical and theoretic study of mental maladies.

## ALBUMINOUS URINE IN EPILEPTICS.

The first *recherches* on this subject seem to have been made by Drs. Sutherland and Rigby in Britain and Michea in France. The Physicians of St. Luke's investigated the cases of 192 insane patients, and found albumen in the urine of seven. Michea, confining his inquiries to epileptics and hysterics, found neither sugar nor albumen in the urine of such cases.

M. Hubert, resting on the experience of English observers, affirms that the presence of albumen in the urine of epileptics has been demonstrated.

MM. Moreau de Tours, Saily, Jaccoud, and Bourneville, pronounce emphatically against the presence of albumen, while Otto found it rarely in the urine of epileptics.

These contradictory conclusions were tested at Mareville by M. Christian, who examined the urine of 38 epileptics, before, during, and subsequent to a paroxysm, and notwithstanding all scientific care in the manipulation, albumen was detected in the urine of only one individual, who, it was found, clinically laboured under parenchymatous nephritis, albumen having been discovered

not only before and after a paroxysm, but associated with granular fatty cylinders. The experiments of Claude Bernard, by puncturing the fourth ventricle, and the subsequent appearance of albuminuria, and the supposed connection of the surrounding cerebral region with epileptic disease, has not been borne out by the researches now under consideration. It is obvious that the obstacles presented to respiration during an epileptic fit, by the immobility of the muscles of respiration, and by the closure of the larynx, though grave, are not of sufficient duration to prevent the formation of albumen, and, consequently, according to M. Bourneville, no such substance was detected in a patient who died during the paroxysm. Besides, the visceral congestions present during an attack, rapidly disappear on its cessation.

Recent works contain the theory of M. Hamon that albuminuria is itself a nervous affection, dependent upon the central and ganglionic systems. It has been added that attention should be directed to the condition of the nerves which supply the kidneys, as in eclampsia; the presence of albumen must be regarded as a consequence and not as a cause of the disease. Lesions of the nerves, and even conditions of the encephalon may lead to interstitial nephritis, and consequent albuminuria. It should be added that in the examination of 14 persons who died in the *Statu Epilepticus*, and of various other diseases, with the exception of two instances of slight congestion, no perceptible structural change could be detected in the substance of the kidneys. M. Bourneville has recorded a similar experience in five cases.

It would appear from these observations that no connection has been established between epileptic affections and the secretion of albumen by the kidneys. De Witt, an American, is reported to have found albumen in one-twentieth of the cases of epilepsy which have come under his treatment.

It would appear from the above observations, and from the experience of a large number of the most distinguished French experts, delivered upon the controverted points, that traces of albumen may be detected in the urine of epileptics, especially after repeated attacks of the malady; but that the occurrence is very rare, and, as none of the concomitant or collateral conditions or symptoms of the patients in whom the detection was made have been described, no reliable conclusion can be drawn as to the connection between albuminuria and this form of the neurosis; indeed, it is probable that where this condition was observed, it depended upon renal, or even remote causes, and not upon epilepsy.

*Annales Médico Psychologiques*, Nov. 1880.



## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

*A German-English Dictionary. Used in Medicine and the Cognate Sciences.* By FANCOURT BARNES, M.D., Aberd., M.R.C.P., London, &c. H. K. Lewis, 136 Gower Street, W.C., 1881.

THIS work will be of great value, not only to medical students in general, but also to those who are engaged in psychological studies. German medical terms have multiplied so rapidly of late, that a concise glossary of them had become a necessity. Dr. Fancourt Barnes has supplied this want, and has executed his task carefully and satisfactorily. He gives the following account of his own reasons for publishing the work:—  
 “In consenting to undertake the compilation of a dictionary of words used in German medical literature, I was well aware of the many difficulties, some of them insurmountable, which would beset the task. One of the chief of these was the collection of the ever-multiplying legion of new words. I cannot pretend to have brought all these together; it is impossible to do more than to gather up those which have been more or less recognised in the course of a few years’ existence. Another difficulty was to determine whether or not a word had grown so old as to become obsolete, and therefore not worthy of a place in the dictionary. Where there appeared to be any doubt on this point, I preferred to leave the word.”

We have much pleasure in introducing this work to our readers, and we cordially recommend it.

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*Six Addresses on the Being of God.* By C. J. ELLICOTT, D.D., Bishop of Gloucester and Bristol. Published under the direction of the Tract Committee. Society for Promoting Christian Knowledge: Northumberland Avenue, Charing Cross, London.

It must be a source of gratification to all who take an earnest interest in the vital questions of the day, to find that the admirable addresses, delivered last autumn twelvemonths, by the Bishop of Gloucester, in the course of his visitation to the clergy and others, have been published in a separate form by

the Society for Promoting Christian Knowledge. The zeal, high mental culture, and profound scholarship of Dr. Ellicott are an abundant guarantee that any subject which he takes in hand will be treated thoughtfully, cautiously, and faithfully.

The Addresses are divided into six parts. 1. The nature of the principal arguments. 2. The Being of God attested by the general consent of mankind. 3. The being of God as shown by the existence of the universe. 4. The being of God as shown by the presence of final aims in nature. 5. The being of God as evinced by the moral law. 6. The evolutionary hypothesis.

It is impossible for us, within the limits of a review, to do more than quote a few passages from this valuable work. The following remarks are especially noteworthy:—

“To prove anything involves an appeal to something higher or more certain than the thing to be proved. But here we are attempting to prove the existence of the *Ens realissimum*, of that which in itself is the very essence of all certitude; we are attempting to show that He is, who is himself the fountain and source of all existence. Proofs then, as proofs, and arguments, as arguments, may rightly be set aside, but in the form of considerations, especially if set forth with plain common sense, they may be found very useful to many of us just at the present time. . . . They will be of use to us in giving clearness to our own inner convictions; and will especially help us in all our more serious efforts to convince others. If we would really persuade in subjects of this higher nature, two things are imperatively required in us, first:—thoroughly realised convictions, and that lucidity of thought which nothing but organised knowledge can give or will give to the mind that would bring home to others the primary and fundamental truth of the being and personality of God.”

“This lucidity of thought, and clear common sense is now required more than ever. Popular scepticism, at the present time, is increasingly guilty of confusions of thought that can hardly be too strongly condemned. Doubtful science, and still more doubtful logic are now united in the discussion of all deeper subjects; and of these in none more than in the discussion of the great subject we are now considering. The whole principles of causation, as we shall more clearly see in a later portion of this charge, have been tampered with and thrown into confusion. Definitions have assumed the conceptions of that which they are elaborately constructed to set forth and define. Even such fundamental ideas as force and energy have been mixed up by some of our greatest thinkers, and whole theories elaborated from data that will not stand the test of a moment's really rigorous and scientific criticism.”

"The time, therefore, would seem to have fully come for a sober and impartial review of the leading considerations, which, apart from revelation, lead us to a belief in the blessed and consoling truth, that there is an almighty, all-wise, and all-holy personal God, who has created all things—worlds visible and invisible; spiritual and material; and who governs all according to the good pleasure of His holy and eternal will. The considerations, it will be observed, are of different degrees of cogency; but taken together, and especially in their proper gradation, they will certainly be found to form a multifiform argument which it would seem hard for any candid mind fairly to resist. This aspect of the momentous question has been far too much neglected. It has not been seen sufficiently clearly that it is on the cumulative, or to speak perhaps most accurately, the *ascensive* nature of the considerations or so-called proofs that conviction seems mainly to rest. No one of them, to a really candid mind, seems perfectly sufficient, taken by itself, to prove the whole truth; but when all are taken together, it will be, I trust, acknowledged by every fair reader or hearer of this charge that the weight of the united considerations is especially great, and that the popular assertions as to the utterly invalid nature of the proofs for the existence of God are certainly without just foundation."

Dr. Ellicott first appeals to History for his proofs, secondly, to Nature, and thirdly, to Humanity. He says that the arguments derived from the moral world, are those that the deepest thinkers consider to be the most convincing.

With regard to the proofs derived from the general consent of mankind, he observes:—

"When we turn to the two most ancient of the great religions of the old heathen world, the two earliest religions of our own Aryan race, the Vedic and the Zoroastrian, it seems impossible to deny the evidences of a belief not only in supernatural and divine agency in regard of the existence of the visible and material, but even in the being of One who was regarded as the substratum and foundation of all existence. It may, and indeed ought to be admitted that in these ancient forms of faith the idea of creation was by no means clearly united with that of the One Being who was felt to be, though not definitely declared to be, the sort of First Cause or substratum of all things. Still we certainly do find in them the two ideas which, taken together, make up that one idea which we are now seeking to substantiate—the idea of an all-creative God. In the Vedic faith this was much more obscured, though in the remarkable practice of representing each god as, for the time being, supreme, we see the old monotheistic idea struggling to find

expression, and again to assert itself in the soul of the devout worshipper. Far more clearly do we trace the conceptions of creation, and even of monotheism itself, in the profoundly interesting religion which connects itself with the great name of Zoroaster. If Ahura-Mazda is the maker of all things, if he is the Lord of the worlds, and the first fashioner of all existence, yet behind him and behind the Spirit of darkness and evil to whom he is eternally opposed, is the aboriginal One—whether destiny, God, or Supreme and Infinite Being we know not—is He who produced both. Even where dualism is most sharply accentuated, there are no obscure traces of a yet purer and older conception. ‘The Duad, with the Monad brooding behind it,’ as has most truly been said, ‘is the fundamental principle of the Avesta’ and of the old and once wide-spread faith that is set forth in its venerable hymns.”

Dr. Ellicott's views, on the proofs of a deity derived from the existence of the universe and also from our moral nature, are equally lucid and convincing, and are all deserving of the most attentive perusal.

J. M. W.

*A Practical Treatise on Nervous Exhaustion (Neurasthenia).*

By GEORGE M. BEARD, A.M., M.D., &c. New York: William Wood and Company, 27 Great Jones Street, 1880.

ACCORDING to Dr. Beard, nervous diseases, the result of nervous exhaustion, have increased to a fearful extent of late years in America. He has given especial attention to the subject, and has included all the various forms of defective nervous power under the term *Neurasthenia*. The symptoms of this malady, judging from Dr. Beard's account of them, are of a most complicated and protean character, and are attributed by him to the effects of civilisation. He admits that they defy logical order, but for the sake of convenience and for easy reference, he arranges them as follows, beginning with the brain and going downwards:—

“*Tenderness of the Scalp* (Cerebral Irritation).—This is a phenomenon which is to the head what spinal irritation is to the spine. As in spinal irritation, the whole spine may be tender all the way from the first cervical vertebra to the coccyx; or the tenderness may be confined to the middle dorsal and middle lumbar vertebræ; so, in cerebral irritation, there may be

tenderness over the entire scalp, or it may be confined to the vertex, or to certain points in the forehead. Sometimes the scalp is so tender that brushing the hair causes pain; even touching the tips of the hair is disagreeable. At the vertex the tenderness is sometimes accompanied by a feeling of heat and burning, that may be somewhat relieved by firm pressure. This cerebral tenderness, like spinal tenderness, is superficial and peripheral, not deep-seated nor central, as some have supposed. It is, in many if not in all cases, tenderness of the ramifications of the occipital and other nerves that supply the scalp, just as spinal irritation is tenderness of the superficial nerves of the bones of the spinal column.

*"Dilated Pupils.*—Dilatation of the pupils is so often seen in neurasthenia that it may be considered as an important fact to be noted in the study of a case.

"Abnormal activity of the pupil—sudden and frequent alternations between contraction and dilatation—is a sign of neurasthenia, or, at least, of nervous irritability, of perhaps more importance than mere dilatation, just as in organic diseases of the cord, sluggishness of the pupils, slowness to contract or dilate, has been recently suggested as a better diagnostic sign than mere contraction of one or both pupils.

Temporary inequality of the pupils—one being at times more dilated than the other—I have seen in neurasthenia. *Permanent* inequality of the pupils is a sign of organic disease; but this neurasthenic inequality is inconstant, varying with the general condition.

*"Sick Headache and Various Forms of Head Pain.*—Sick headache is both a symptom and a safety-valve. If one must be nervous, an occasional attack of sick headache, if it be not too severe, is an excellent way for this nervousness to manifest itself, and, no doubt, saves other and worse affections. When sick headaches suddenly and permanently leave us, there may be reason to beware, though not probably in all cases. Some years ago I had under my care, for a short time, a case of shaking palsy that had followed a sudden and apparently causeless cessation of sick headache. When sick headache leaves us as a result of improvement of the nervous system through treatment or hygiene, it is so far forth a good sign.

*"Pain, Pressure and Heaviness* in the back of the head and over the vertex and through the whole head, very commonly attend the neurasthenic state, especially when the brain is congested; but may also appear where there is no evidence of an excess of blood on the brain. Lightness of the head is also a common complaint; also a symptom usually defined as 'I cannot tell how I feel.'

*“Changes in the Expression of the Eye.*—The mere expression of the eye is modified by disease in a way that it is hard to analyse or describe. In chronic nervous exhaustion from any cause or combination of causes, this expression of debility may become chronic—a permanent state that is revealed at once on meeting and addressing the sufferer. In the exhaustion that precedes death, the eye, as has been observed, sometimes protrudes far more than is natural. It is believed that this phenomenon takes place through the sympathetic.

*“Congestion of the Conjunctiva.*—One of the many ways in which neurasthenia affects the eyes is, by congestion of the conjunctiva. This passive congestion comes and goes, like all the other symptoms, being very bad in the morning, and almost disappearing by night, or perhaps in the course of an hour or two.

*“Disturbances of the Nerves of Special Sense.*—A malady of the eye is what I may call neurasthenic asthenopia, or the irritable eye, from nervous exhaustion, not depending solely on any muscular or accommodative trouble, but mainly symptomatic, revealing nothing very satisfactory to the ophthalmoscope or other tests of modern ophthalmology, but none the less painful, distressing, and sometimes exceedingly obstinate. This disease of the eye, symptomatic of nervous exhaustion, I observed a number of years ago, but could find no formal recognition of it in the standard text-books of ophthalmology. Dr. Mathewson, in conversation on the subject, tells me that this third form of asthenopia is now, however, under various names, coming into recognition in the journals and societies devoted to diseases of the eye. For a time it was supposed that Donders had solved all the problems of asthenopia; but it is now known that there are many cases that cannot be cured by glasses. These cases are common in this country, and, Dr. Roosa tells me, were first observed by our ophthalmologists.

*“Muscae Volitantes,* or floating specks before the eyes, often annoy even the slightly nervously exhausted; in these cases the ophthalmoscope is only of negative assistance. Under exciting causes the specks suddenly appear and disappear. The liability to them may be a habit of one's life. They come and go like other nervous symptoms.

*“Noises in the Ears* in the shape of sudden explosions or pulsations, to say nothing of other varieties of tinnitus aurium, are quite common in cerebral exhaustion, especially when attended with congestion. These explosions may come on without any warning, while one is sitting quite still, and there is no apparent exciting cause. These symptoms may occur even when there is no perceptible disease of the auditory apparatus,

and may disappear as suddenly as they appear. A feeling of fulness and oppression in the head sometimes attends these symptoms. Subjective odours of various kinds—as of ozone or phosphorus; also abnormal subjective tastes—bitter or sour, with other fleeting symptoms of cerebral exhaustion, are observed.

“ Sometimes there is a pumping sound in one or both ears, synchronous with the movements of the heart, worse usually during or after exertion, as going up-stairs; and it may be very annoying when one is very still, as when lying down in bed in the night; it is apt to be worse when stooping, or when worried or annoyed or flurried by any mental emotion. If this symptom were a constant one, and were always associated with demonstrable disease of the drum or middle ear, it might not perhaps be so great a mystery; but appearing, as it sometimes does, in those whose hearing is clearly perfect, or nearly so, and coming and going alternate with other symptoms of neurasthenia, without oftentimes any exciting cause being traced, it is probably due to the hyperæsthesia of the auditory nerve, and analogous to that of the retina; and, like the retinal hyperæsthesia, it is inconstant, variable, and capricious. My friend Dr. Schell, of Philadelphia, tells me that he has seen a number of cases where there were attacks of pain and aching in the ear, analogous to the pain and aching of the neurasthenic eye; but to account for which no objective appearances can be found.

“ *Atonic Voice.*—When neurasthenia lays its hands on a man, it is liable to leave its impress on every organ and function of the body; from the crown to the toe there is not a fibre that is safe from attack. If some parts escape in one individual, they suffer in others. If at one stage of the malady certain regions are unaffected, it may be only that they may be attacked with all the greater violence at another stage. Thus the hair, the scalp, the eyes, the ears, the nasal and respiratory passages; the brain, in whole or in part, the cranial nerves, the heart, the spinal cord in any portion, the sensory and motor nerves, the stomach and bowels, the reproductive system, the skin, the nails, the secretions, the excretions, the absorbents—are all objects of assault.

“ *Deficient Mental Control.*—Inability to concentrate the intellect on any task, as in writing or thinking, is a notable symptom. The mind wanders away in every direction, and when brought back by an effort of the will, is liable to be soon again lost in reverie.

“ In some cases the exercise of concentration, or even slight attention, is exceedingly irksome and painful, causing distress

sometimes in the head, sometimes in the back or extremities, or other parts of the body.

"Inability to control the mind shows itself in various ways. An individual may take up a newspaper or book and read over a paragraph a half-dozen times, without knowing anything about that paragraph, without being able even in a general way to tell what he has been reading. Sometimes, in discouragement, they throw down the book; in despair they may attempt to write a letter, and find that they must give it up before a single page is completed, the mind wanders in sort of a day dream as far as possible from the subject to which they would direct their thoughts; they find that their brains are masters, and not themselves. Such a person often finds himself absorbed in a kind of dream, perhaps sitting quite still and forgetful of the work to which he has directed himself. A clergyman who consulted me in the past year for cerebraesthesia, or brain exhaustion, tells me that, although he can read even profound treatises, and converse on different themes, yet if he should attempt even to dictate and systematise a sermon he would be obliged to give up; the very idea of sustained, directed thought at once takes away all his power.

"Closely allied to this deficient mental control, and indeed a part of it, is what a layman, Mr. Richard Grant White, calls 'Heterophemy,' that is, saying one thing and meaning another, saying oftentimes directly the opposite to what we meant to say; saying precisely what we wish to avoid; the word we wish slips in ahead of the one that we would bring to the front. Persons in health are frequently guilty of this very interesting blunder; but in disease of the brain it becomes a very bad, sometimes very amusing as well as very annoying symptom. One of my old patients (the wife of a patient just referred to), who has both brain exhaustion and spine exhaustion, sometimes is compelled to mention a number of different words before she strikes the word she wishes. If, for example, she would have a book, perhaps she would say chair or sofa. She was not troubled in this way until she became neurasthenic, and since that time she has been troubled constantly.

"*Mental Irritability.*—A man comes home at night specially tired, and finds himself, or his friends find him, in a condition to fret and worry and become irascible over trifles which, when feeling well and calm, would have no influence upon him. The flurries of domestic life, the cares of the house, disappointments and vexations, the noise of play of children, become a source of great distress, and he expresses this distress in his words and actions.

"This behaviour may be either physiological or pathological—the habit of a perfectly healthy man or a symptom of neuras-



thenia appearing in one previously good-tempered, and associated with other neurasthenic symptoms it becomes of diagnostic value.

*"Hopelessness."*—When a patient is dying, in the last stages of consumption or cancer, he is often, if not usually, hopeful; and sometimes he does not abandon the expectation of recovery even when on the edge of the grave. After friends have given up utterly, and the physician only comes to relieve, the patient himself is full of hope.

"The philosophy of this symptom of hopelessness appears to be similar to that of morbid fear—an instinctive consciousness of inadequacy for the task before us. We are hopeless because our nerve force is so reduced that the mere holding on to life seems to be a burden too heavy for us. A certain amount of nerve strength is necessary to supply the courage requisite for simple existence. Abstaining from dying demands a degree of force just as the mere keeping in an erect position—standing up without taking a single step—is only possible to those who have a certain quantity of strength. Abstaining from dying, like abstaining from falling, is in one respect a negation only, but neither is possible without an expenditure of force.

"In our half-awakened moments at midnight, a slight noise causes the heart to beat rapidly, for we are conscious of not having full possession of our powers to meet any attack or danger. The nervously-exhausted man is always in this state, physically insolvent, and unequal to the task of living.

"The despair of sea-sickness well illustrates this phenomenon. In the short space of an hour, or less, one can be reduced from a state of perfect bliss to perfect misery, simply from the perturbations caused by the motion of the vessel.

"One time, when returning from England, our steamer collided with a sailing vessel in such a way and under such circumstances as to give just reason for the belief that we might be in serious peril. In the height of the excitement and alarm a sea-sick passenger came out from his room, where he had been shut up ever since our departure, and inquired what the trouble was all about. He was informed that our steamer was leaking, and that we were fast sinking. 'If that's all, I'll turn in again,' he replied, and went back to his berth, whence he did not emerge until we all landed in New York.

*"Morbid Fear."*—The emotion of fear is normal to the human mind. It is as natural and necessary to be afraid as to be courageous. Fear is, indeed, a part of the first law of nature, self-existence. This emotion is, therefore, physiological, varying both in degree and kind, with race, sex, age, and the individual. In neuropathology, especially in the pathology of functional nervous diseases, the difference between health and disease is of *degree* rather than of kind; the phenomena that

belong to what we call health passing, by indefinite and not distinctly defined gradations, into the phenomena of what we call disease; pathology being, in truth, has as been said, but the shady side of physiology.

"Westphal more recently has described a form of morbid fear under the term *agoraphobia*, or *fear of places*. This title, however, is quite inadequate to express the many varieties of morbid fear which the expression fear of places covers. The Greek word *agora*, from which Westphal derives his term, means an open square—a market place, a public place where assemblies were held—and as applied to the cases first described by him, the term is practically, though not etymologically, a correct one, for the fear of going across open squares or places, at a distance from houses to shops, was the chief feature in all of those cases.\* This fear of open squares or places is, however, but one of a large number of phases that the fear of places assumes, as I have elsewhere described. In strictness, fear of places should be described from the Greek word *topos*, place, a generic term, while *agora* is a special kind of place; *agoraphobia* would, therefore, be a species of *topophobia*, or a general fear of places, which symptom seems to be capable of infinite variety.

"A form of morbid fear that has long been known to the profession, is *pathophobia*, or fear of diseases—more commonly known as *hypochondriasis*. This form of morbid fear seldom exists alone, but is found in company with other symptoms—some real disorder of the nervous system. The pathophobic sufferer, with brain or stomach, or both, exhausted for some reason, may fear disease of the heart, of the stomach, or of the brain, or of the reproductive system, even when there is no sign of disease except his fear. The mistake usually made in the study of these cases is to assume that this fear of disease is the only symptom which the patient has, and that it is the cause of the disease; whereas, usually, it is the result of the disease of cerebral exhaustion, like the other forms of morbid fear, whatever the cause may be; and as such it should be studied and treated.

"There is a manifestation of morbid fear which is not uncommon, and to which we might perhaps give the term *pantophobia*, or fear of everything; all responsibility, every attempt to make a change of movement being the result of dread and alarm. The wife of one of my patients has a morbid fear in reference to one of her sons, a lad of about fifteen years of age; and so distressed is she by it that she cannot allow him to go out of the house, or out of her sight, fearing lest he may be kid-

\* In etymological strictness *agoraphobia* means fear of *large assemblies* of human beings, and not of the place where the people meet.

napped, or some harm may come to him, as in the case of Charlie Ross. The poor fellow is thus kept a prisoner most of the time, and the whole family is disturbed and annoyed. He must remain in the city during the summer, as she cannot allow him to leave town; and at no season can he go anywhere unless accompanied by his tutor.

"For convenience of reference this classification of morbid fears may be thus tabulated:

"ASTRAPHOBIA—Fear of lightning.

"TOPOPHOBIA—Fear of places; a generic term, with these subdivisions:

"*Agoraphobia*—Fear of open places.

"*Claustrophobia*—Fear of narrow, closed places.

"ANTHROPOPHOBIA—Fear of man; a generic term including fear of society.

"*Gynephobia*—Fear of woman.

"MONOPHOBIA—Fear of being alone.

"PATHOPHOBIA—Fear of disease, usually called hypochondriasis.

"PANTAPHOBIA—Fear of everything.

"PHOBOPHOBIA—Fear of being afraid.

"MYSOPHOBIA—Fear of contamination.

"*Flushing and Fidgetiness*.—Patients of this class often-times easily flush and easily faint; the inhibitory action of the sympathetic is readily interfered with by any slight emotion. Fidgetiness and nervousness, inability to keep still—a sensation that amounts to pain—is sometimes unspeakably distressing. Although it cannot be defined, it may be an accompaniment of growing pains, and is one of the myriad results of spinal irritation. Sometimes in writing, the hand and arm become so nervous and fidgety that to continue writing would be the severest torture. When the legs feel this way, the sufferer must get up and walk or run, even though he be debilitated and is made worse by severe exercise. A gentleman once under my care could not sit still in the chair long enough to take an application of electricity.

"*Frequent Blushing*.—A very common effect of nervous exhaustion, in both sexes, is frequent and severe blushing from the slightest possible mental or physical causes, and extending sometimes, not only over the face, forehead, and ears, but down the neck, and apparently over other portions of the body. Suddenly meeting anyone, a stranger or acquaintance, the hearing of an unexpected noise, the taking of food or drink into the stomach, especially when rapidly swallowed, any stooping, or straining, or any slight muscular or mental exertion, may bring on this unpleasant, perplexing, and annoying symp-

tom. In some cases the symptom appears without any objective cause whatever; the person may be sitting all alone, and the face, under some thought, or fear, or anxiety, or feeling of responsibility, may become as red as though suddenly entering company.

*"Insomnia.*—The different phrases of insomnia in neurasthenic patients are exceeding interesting.

"One man finds no difficulty in getting to sleep on retiring but soon wakes, and must remain awake for the rest of the night. Another man rolls and tumbles for hours before he falls into oblivious slumber, but when once asleep does not usually wake until morning. I was recently consulted for a case of insomnia of many years' duration, where there had never been any difficulty in sleeping after getting to sleep.

*"Drowsiness* is the opposite symptom, and is experienced by persons whose symptoms in other respects are very much the same as those of the sleepless.

*"Tenderness of the Teeth and Gums.*—Attacks of tenderness of all the teeth, accompanied by a whitish appearance of the gums, I have noticed in nervous exhaustion. In these attacks, which may result from over-work, or excess, all the teeth may be very tender on pressure, although none of them are decayed. Here, then, is another opportunity to study with the naked eye the pathology of spinal irritation. In nervous exhaustion, whether complicated with anæmia or not, there may be tenderness of any part of the body or of the whole body. Tenderness of the head is cerebral irritation; of the spine, spinal irritation; of the tip of the spine, coccyodynia; of the breast, irritable mammæ; of the ovaries, irritable ovaries; of the teeth here described, dental irritation; and so on of the womb; and the pathology of any one of these symptoms is probably the pathology of all.

*Nervous Dyspepsia (Dyspepsie Asthénique).*—In cases—not a few—nervous dyspepsia is the first noticeable symptom of nervous exhaustion—the earliest sign that the body is giving way; and for years the stomach may be functionally disordered before the brain, or spinal cord, or other parts or organs, show signs of yielding. The true philosophy is, that nervous dyspepsia is a symptom of the same general pathological condition as all the orders of symptoms here noted, and it may follow or accompany, as well as lead this multitudinous army. A literary gentleman whom I once met, gave a history of nervous exhaustion from over-confinement, that after some years broke out through the pneumogastric nerve, causing profound and obstinate dyspepsia, that for a long time made him a complete invalid; the symptoms were almost as bad as those of

cancer of the stomach, and yet the disturbance was entirely functional, and the patient improved. Flatulence with annoying rumbling in the bowels these patients complain of very frequently; also nausea and diarrhoea.

*"Deficient Thirst, and Capacity for Assimilating Fluids*

—Quite recently a physician who consulted me in regard to himself, called my attention to the highly interesting fact that he rarely drank water either at meals or between meals; and he stated that the average quantity of liquid that he consumed was far below the normal standard. Investigation of other cases of neurasthenic has convinced me that this deficiency of thirst is one of the symptoms of that state, and it would appear that it is not an unusual symptom, but exists in not a few cases; there are many who for years have a poor appetite for fluids, as they have a poor appetite for solid food; they live on a small quantity of liquid, and, perhaps, without suspecting it, until their attention is directed to the fact. There are those who find that, if they take much liquid, the stomach suffers, even when little or no solid food is mingled with it. One advantage, with some disadvantages, of the free use of beer with our German friends is in the quantity of fluid that they thereby imbibe—the water of the drink more than the alcohol. Drinking milk has a similar advantage.

*"Desire for Stimulants and Narcotics.*—When the nervous system loses, through any cause, much of its nervous force, so that it cannot stand upright with ease and comfort, it leans on the nearest and most convenient artificial support that is capable of temporarily propping up the enfeebled frame. Anything that gives ease, sedation, oblivion, such as chloral, chloroform, opium, or alcohol, may be resorted to at first as an incident, and finally as a habit. Such is the philosophy of many cases of opium or alcohol inebriety. Not only for the relief of pain, but for the relief of exhaustion, deeper and more distressing than pain, do both men and women resort to the drug shop. I count this as one of the great causes of the recent increase of opium and alcohol inebriety among women. Frequently an inherited tendency to inebriety is utterly latent, and does not break out until affliction, or some form of worry or distress, robs the brain of its nerve-force. Very many cases illustrative of this have been published by my friend Dr. T. D. Crothers, now superintendent of the Walnut Hill Asylum for Inebriates, Hartford, Ct.

"One sign of neurasthenia, especially of an acute attack, is inability to bear certain kinds of stimulants and narcotics to which patients have been accustomed; thus patients have told me, that during illness of any kind, they were obliged to sus-

pend smoking; they say that tobacco makes them sick. This happens to those who have been accustomed to use large quantities both chewing and smoking. As they regain their strength, they also regain their power of using stimulants.

*"Abnormalities of the Secretions.*—In nervous exhaustion, the eyes may become moistened more readily than in health, and under a very slight emotion of pleasure or pain. The flood-gates seem, as it were, to stand ajar; and on trifling agitation the tears flow forth. In grave cerebral disease, this symptom is common enough, but in functional disease—simple nervous exhaustion—it is even more common; and 'softening of the brain' is feared.

"In nervous debility, also, the sebaceous glands may refuse to do their duty; the hair and beard become dry and stiff, and much pomade is needed. The hair then falls off or becomes gray in patches.

*"Abnormal Dryness of the Skin, Joints, and Mucous Membranes.*—In some cases of neurasthenia the skin of the whole body is unnaturally dry; this is especially and most readily noticed in the hands, but all parts of the surface may present this peculiarity. A scaliness or scurfiness may accompany this dryness, as though there were a deficiency of fluids and of sebaceous secretion. There would also appear to be a relation between this condition and a disinclination to drink, or use fluids freely.

*"Sweating Hands and Feet, with Redness (Palmar Hyperidrosis).*—Sweating of the hands—of the palmar surface, or of the entire hand—palmar hyperidrosis—is a symptom of neurasthenia at once so interesting and so frequent that I wonder that the literature of the subject is so meagre.

"This phenomenon—abnormal perspiration of the hands—is certainly more common in males than in females, although it occurs, as, indeed, all forms of hyperidrosis occur, in both sexes. The milder phases are common enough, but there are severe manifestations that this symptom may assume, which seem well-nigh beyond belief. Thus, a young man now under my care is so distressed thereby that he threatens suicide unless he is permanently cured. In his case there are various evidences of a bad inheritance, a poor constitution, although this palmar sweating is just now the only very annoying expression of the depraved diathesis. A young lady in the northern part of the State is compelled to take a number of handkerchiefs with her when she goes to school, and on her return they are all saturated from the excessive perspiration of her hands. My friend, Dr. M. Josiah Roberts, of this city, tells me that in a similar case, lately brought to his attention, there was clear proof of uterine disease.

“*Salivation.*—Dryness of the mouth, through suppression of the salivary secretion, is often noticed, both as an effect of emotion and as an effect of nervous substitution; the opposite condition, salivation, is not so common.

“A year ago, an intelligent physician informed me that, at one time, while in a neurasthenic state, he went to bed, and by an effort of the will, as he expressed it, brought on free salivation. Subsequent nights the same effect occurred, contrary to his wishes, and it was some time before he was restored to his normal, original condition.

“*Tenderness of the Spine (Spinal Irritation), and of the whole Body (General Hyperæsthesia).*—When the spine is so tender as to become an important and permanent affliction, and to over-shadow other symptoms of the neurasthenic state, it is called spinal irritation; but, strictly, it is a symptom, like cerebral irritation, not properly a disease as such, although, as a matter of convenience, there can be no harm practically in describing it as a disease. In regard to this symptom of nervous exhaustion, these points are noticeable: First, its great frequency in the upper classes, especially among women. I suppose if one should go through Fifth Avenue, of New York City, and examine the spines of all the ladies between fifteen and forty-five years of age, he would find, in quite a percentage of cases, that, at times, there would be tenderness either of the whole length of the spine, or more likely, at certain points, as the nape of the neck, and between the shoulder-blades, and on the middle lumbar vertebræ. Crawling, creeping, and burning sensations often accompany this tenderness. This condition would be found at times in those who do not call themselves invalids, and who are not under medical treatment. It would furthermore be found that, with some of these cases, there would be tenderness of the scapula, or hip bones, of the breast bone, and, indeed, of the whole surface of the body. This general hyperæsthesia, like the local hyperæsthesia of the spine, appears and disappears under any subjective or objective exciting causes, and is attended usually by a feeling of debility, and oftentimes, though not always, by backache, headache, insomnia, and mental depression.

“The transient nature of this symptom of spinal and general irritation is shown by the fact that it may disappear often after a single application of electricity. Many women always have spinal irritation during the period of menstruation. Spinal irritation—tenderness on pressure—is not the only symptom of spinal exhaustion; it is but one of many symptoms of that state. In some cases of spinal exhaustion, also, there is no tenderness of the spine on pressure.

*"Coccyodynia.*—A very common and sometimes most distressing form of spinal irritation is what is called coccyodynia—that is, tenderness with pain, and sometimes severe neuralgia at the tip of the spine, what is called the coccyx. This is far more common with women than with men; indeed, in man it very rarely occurs. It almost always accompanies irritations of other portions of the spine.

"One of the symptoms of this form of spinal irritation is a feeling as though the spine were too long; when sitting, this feeling is a distressing one.

*"Peculiarities of Pain in the Back.*—In neurasthenia all parts of the back may be the seat of pain, although certain districts are more affected than others. There may be tenderness when there is no pain, and conversely pain, even severe pain, when there is no tenderness. There may be much distress in the loins and over the hips, when careful examination shows no tenderness anywhere.

"This pain in the hips and loins is something quite different from ordinary neuralgia or sciatica; it rather resembles muscular rheumatism or a common cold, and is, indeed, often confounded with one or both of these diseases, even by able diagnosticians. The liability to confound irritation of the upper part of the spine at the nape of the neck with rheumatism is very great; the symptoms, indeed, are quite the same—pains, stiffness, aching, inability to move the head without discomfort. Sometimes this condition perfectly simulates wry-neck, and is mistaken for it. One of the very ablest neurologists in Germany, on being consulted by a case of irritation in the upper part of the spine, made diagnosis of rheumatism, and treated the patient accordingly. This back pain, and the tenderness that may or may not accompany it, fluctuates like all these neurasthenic symptoms: to-day they are present in full force, to-morrow they are all gone, but on any provocation are liable to return. They fly about in every direction; now just below the shoulder-blade; now in the centre of the spine; and at another time between the shoulder-blades, or in the middle lumbar region; sometimes with heat and burning, at others with biting penetrating sensations, or a feeling as though ants were crawling just under the skin.

*"Heaviness of the Loins and Limbs.*—One of the most frequent complaints among the neurasthenic (myelasthenic form) is heaviness and vague aching of the loins and limbs, and sometimes of the whole body. This is a symptom hard to define in exact words, but it is very common, and it is a cause of great distress. This symptom is quite apt to follow over physical exertion, as in walking or standing, but may come on without any apparent or special exciting causes. This feeling so closely



resembles rheumatism that it is often confounded with that affection by those who are unfamiliar with neurasthenia, and even one well acquainted with nervous exhaustion in all its forms, might, on first being called to a patient, mistake this heaviness and aching for a common cold, or for a rheumatic attack.\* I have lately been consulted by a gentleman suffering from myelasthenia, where this aching of the lower part of the back and loins is almost the only subjective symptom. In sexual exhaustion, pains in the loins and limbs, not amounting to neuralgia, but sufficient to be a severe annoyance, are frequent enough, but they are not restricted to the sexual variety of neurasthenia.

"There would seem to be a degree of truth in the suggestion, which has often occurred to me in studying these cases of pain in the back and loins and the lumbar region, that they were to men what so-called spinal irritation is to women. It may be said that this condition is to spinal irritation what hypochondriasis is to hysteria.

"*Shooting Pains simulating those of Ataxy.*—If there be any difference between the familiar shooting, lightning-like pains in the extremities, that have so long been considered as peculiar to ataxy, and the shooting pains of neurasthenia, I have not been able as yet to find it out. Generally, these neurasthenic pains are milder than those of ataxy, but this average fact does not interfere with the fact of observation, that this difference in degree is not of itself sufficient to make it possible to establish the differential diagnosis; for the shooting pains of ataxy are by no means always severe, and in many cases of the disease do not exist at all. The mistake of writers in so strenuously insisting on the diagnostic importance of these shooting pains has been, and is, the source of terrible annoyance to physicians, especially who happen to be themselves sufferers from these neurasthenic symptoms.

"The same remark applies to fibrillary contractions, which have been looked upon as indicating muscular atrophy, but which, as I have elsewhere stated, may exist as one of the many symptoms of neurasthenia.

"*Podalgia (Pain in the Feet).*—One of the symptoms of ataxy in the early stages is a feeling of numbness of the feet.

Sometimes there is a feeling as though straw were at the bottom of their feet, or as of walking on velvet, or rubber, or wool. A feeling of heat and burning is also noticed; and both in neurasthenia and in ataxia, it comes from the spine. It has,

\* How the symptoms of ataxy have been, and are, mistaken for rheumatism is well known to the physician.

however, a very different significance; in one case it means an organic, and in the others a nervous, functional disease.

"In some cases there are painful spots on the feet, either on the sides or at the bottoms. These spots are more painful from pressure of the boot or shoe; they are felt even when in bare feet or in slippers. .

"Pains of the feet may be observed in persons not specially nervous, but they are to be found also as symptoms and results of neurasthenia.

"There is little question but that in some cases they are reflected from the stomach or genital apparatus.

"*Tremulous and Variable Pulse and Palpitation of the Heart (Irritable Heart).*—In the nervous, the rapidity and quality of the pulse-beats may vary in many ways during the process of counting. Frequently the pulse of the nervously exhausted is compressible, and almost always it is more rapid than normal, ranging between 75 and 90, frequently going up to 95, 100, or 110 and more. In exceptional instances nervous exhaustion has a very slow pulse, in the neighbourhood of 40 or less, or there may be alternations between a very high and a very low pulse.

"*Local Spasms of Muscles (Tremors).*—What are called 'fibrillary contractions,' and which sometimes occur in progressive muscular atrophy, are also noticed in the various shades of nervous exhaustion. An individual muscle or part of a muscle may twitch occasionally or frequently, so as to cause considerable annoyance, and, in some cases, unnecessary anxiety. As these vibrations occur in the orbicularis, and other muscles of the face, these spasms are very familiar; they come and leave without warning, and suddenly, lasting all the way from a few minutes to hours, or even days. They are not very bad, sometimes, nor especially troublesome, except when they become chronic, and the twitching extends to other muscles of the face. This result is exceptional; and so far as I have observed, chronic facial spasm does not occur in those who have nervous exhaustion. I was once conversing on nervous diseases with a well-known physician, when, all at once, the orbicularis of one of his eyes began to twitch vigorously; he said it was the first time in his life that he had experienced anything of the kind; he regarded the use of tobacco as the probable cause.

"The stomach, in nervous dyspepsia, may be the seat of similar spasms, which may follow any excitement or emotion, as of fear or responsibility. A sensation like that of a reverse aura seems to go downward to the pit of the stomach from the nerve centres, and excites spasms, apparently, of the muscles of the stomach itself.

*"Dysphagia (Difficulty of Swallowing).—*Dysphagia is sometimes a result of neurasthenia. I have seen it in severe cases of hay-fever, where there is great prostration. I have seen it also as a chronic condition in persons who are exceedingly nervous—coming and going—made better or worse, apparently, by no objective cause that can be ascertained.

*"Convulsive Movements, especially on going to Sleep.—*Nervous sufferers, just as they are dropping off to sleep, are sometimes suddenly and painfully awakened by a violent, spasmodic movement of an arm, or leg, or of the whole body. This appears without any warning, and is most likely to occur when preceded by unusual excitement or fatigue. In some cases there will be a recurrence of these spasms, so that much difficulty is experienced in getting to sleep. I have known instances where the whole body seemed to be thrown off the bed, or rather the sensation was as though the body were projected upward. This symptom is not so alarming as some of those who experience it believe. It indicates an exhausted, a worn condition of the nervous system; but it is not as ominous for evil as many other phenomena that belong to the nervously exhausted state. A friend of mine—a public speaker, constantly before audiences, and always at work—with a frame of unusual size and an extraordinary capacity for enduring mental excitement and toil—tells me that, with all his vigour, he has been annoyed by these jerkings on falling to sleep, although he has no other evidence of neurasthenia.

*"Cramps.—*One of the symptoms of certain phases of neurasthenia is the occurrence of cramps; usually in the calf of the leg and more frequent at night. Sometimes these pains are so severe as to awaken the patient out of a sound slumber, and are only relieved by severe rubbing, or by energetic movements.

*"In some cases these cramps are felt as soon as one gets fairly in bed and asleep.*

*"Special Idiosyncrasies in regard to Food, Medicine, and External Irritants.—*When the nervous system becomes exhausted, it is apt to develop various idiosyncrasies not before observed; some of them are of high interest. Opium, for example, is likely to aggravate insomnia in many neurasthenic patients, instead of putting them to sleep, unless, indeed, very large doses are used. Formerly opium was our chief—almost our only—dependence when we wished to put one asleep. Now we scarcely think of using it for that purpose in the treatment of the nervous, except when there is severe pain to be relieved. Opium for the nervously exhausted prevents sleep almost as much as coffee. So frequent is this idiosyncrasy that, were it not for

the bromides and cannabis indica and electricity, we should be utterly disarmed in the presence of these cases.

"Incidentally, I will remark that *the development of idiosyncrasies, through nervous sensitiveness, acquired or inherited, is the real philosophy of hay-fever*—a malady which, as I have shown in my work on that subject, has increased as culture and civilisation have increased, and which is found usually in those who have had some other nervous symptoms. As an effect of this inherited or acquired nerve-sensitiveness, there appears in one person an idiosyncrasy against bright sunlight, so that exposure to it brings on the symptoms of hay-fever; in another, a similar idiosyncrasy as to dust—the most common of all the excitants of this disease; in another, against fresh hay; in another, against ipecac or other drugs; in another, against old hay; in another, against the odour of roses, or other flowers; in another, against the pollen of corn, or of some of the grasses, or of certain weeds, as Roman wormwood, or golden rod; in another, against some of the common fruits—as grapes, apples, pears, or peaches, or strawberries, or raspberries, or watermelons, and so on infinitely—new developments appearing every year. On this theory I based the nerve treatment of hay fever, and predicted that by electricity, strychnine, belladonna, camphor, arsenic, zinc, and other sedative and tonic remedies, we should be able to greatly relieve and break up the attacks of this distressing disorder. For several years this prediction has been fulfilled, not only in my own practice, but also in that of other physicians.

"Another idiosyncrasy developed by nervous exhaustion is *sensitiveness to cold or hot water*. A patient of mine could never bear to even dip his hands in hot water, so disagreeable were the sensations it produced; the same patient was abnormally ticklish and timid.

"*Sensitiveness to Changes in the Weather* is a very often observed symptom of nervous debility; depression of the nerves makes the body a good barometer. For twenty-four hours and more before a storm comes on, the aching and worn nerves foretell in every part of the physical organism what is coming. The sky may be clear, but the spirits are cloudy. The tenderness of bunions and corns, the aching and stiffness of rheumatic and neuralgic sufferers, the general gloominess and misery of the exhausted before and during bad weather, are not imaginations, but realities as truly as small-pox or the measles, and quite as much worthy of professional study and consideration.

"*Localised Peripheral Numbness and Hyperæsthesia*.—In any portion of the periphery—the face, the arms, the ends of the fingers, the thighs, the legs, and the toes—there may be, in

nervously exhausted patients, persistent numbness of a definitely localised character, or excessive sensibility, similarly localised. In some cases this local peripheral hyperæsthesia amounts to a very distressing disease.

*"A Feeling of Profound Exhaustion Unaccompanied by Positive Pain."*—Attacks of a sensation of absolute exhaustion, as though the body had not strength to hold together, comes on very often in the nervously exhausted. This feeling of exhaustion, though not exactly pain in the usual sense of the word, is yet, in many cases, far worse than pain. These attacks may come on suddenly without warning, and may suddenly disappear. In the morning one may be able, or feel able, to run on a wager; in the afternoon of the same day, sitting quietly in a chair seems to be an exhausting effort to which every nerve and bone and muscle is unequal. The *going-to-die* feeling is quite common in these cases, and at first causes alarm. It may be experienced either in the day or at night, on going to sleep, or on awaking from sleep. This symptom, like many of these symptoms, appears at puberty and at the change of life; it indicates that the system is straining under the burden placed upon it.

*"Ticklishness."*—Nearly all persons are susceptible to the form of irritation that we call tickling; but in nervous exhaustion this susceptibility may become a severe annoyance. A gentleman once under my treatment for many of the symptoms described in this paper—spinal irritation being prominent—was so ticklish on the breast, stomach, and abdomen, that it was very difficult—indeed quite impossible—to apply electricity to those parts with any satisfaction.

*"Vague Pains and Flying Neuralgias."*—The so-called "growing pains" in the young are of this class; the force in the system is insufficient to maintain growth without suffering a degree of impoverishment which expresses itself by a subdued growl of pain.

Waving, beating, rolling sensations are often felt by the neurasthenic, even when not exactly hysterical. Shooting neuralgic pains in the limbs, or nearly all parts of the body, cause much suffering with this class of patients.

*"General or Local Itching (Pruritus)."*—Itching occurring without any visible change in the appearance of the skin, is a common experience; but is not regarded as pathological unless it be quite severe and persistent. In certain nervous states it becomes an element of positive distress. Itching of the scalp sometimes immediately follows any prolonged and exhausting intellectual exertion.

*General and Local Chills and Flashes of Heat.*—Distur-

bance of circulation both follows and accompanies disturbance of innervation. Creeping chills up and down the spine are commonplace; but there are symptoms allied to this not so familiar.

"*Cold Feet and Hands* are symptoms that the neurasthenic complain of in at least half the cases.

"*Nervous Chills*.—Attacks of chills, in many respects resembling chills and fever, especially the dumb ague, are often experienced by a certain class of neurasthenic sufferers.

"*Sudden Giving Way of General or Special Functions*.—The treacherousness of nervous exhaustion is one of its most constant characteristics; its symptoms lurk in ambush and burst upon us when least looked for, when we fancy ourselves utterly and for ever delivered from their presence. The neurasthenic patient cannot, therefore, trust himself a half-hour or even a moment in advance. In the morning he may be, or feel, able to walk five miles; in the afternoon, from no traceable cause, it may be a task to cross the street. Even in the midst of any labour—mental or muscular—his strength gives out as suddenly as if he were struck by lightning. I knew a man prostrated for two years with profound neurasthenia, who, if he rose and crossed the room, might become absolutely aphonic. Two ladies have been under my care who could walk readily for perhaps a block or more, when instantly, and without warning, their limbs would give way beneath them.

"*Temporary Paralysis*.—Temporary functional paralysis of certain muscles on arm or leg, or of the muscles of the larynx, are sometimes noticed in cases of neurasthenia.

"In one of my cases, paralysis of an arm, lasting but a short time, was the first noteworthy phenomenon of the disease.

"There is no evidence that paralysis of this kind depends on any structural disturbance of the nerve-centres.

"*Diseases of Men* (Involuntary emissions, partial or complete impotence, irritability of the prostatic urethra).—Occasional seminal emissions in the healthy and unmarried are physiological—that is, they are not symptoms of disease. Such involuntary discharges, when excessively frequent, may be both results and causes of disease, indicating an abnormal, usually an exhausted state of the nervous system, and in turn reacting on the nervous system, increasing the very exhaustion that causes it. Such, in general, is the philosophy of all, or nearly all, cases of frequent involuntary seminal emissions.

"*Diseases of Women*.—Many of the diseases belonging to woman, as woman, may be either the causes or effects of neurasthenia.

"It has been the custom to regard the various nervous

symptoms with which women suffer as the results of any uterine disease with which they may have been afflicted; but the wiser gynæcologists of the present are aware that, with women as with men, disease of the reproductive organs may be a result of exhaustion.

"The various congestions, and displacements, and inflammations, and especially uterine and ovarian irritability, may, and do, come from mal-nutrition, which mal-nutrition is a result and part of general mal-nutrition of the whole system. Irritability of these organs, of the ovaries, of the uterus, is sometimes analogous to the condition of the brain which we call cerebral irritation, or of the spine, which we call spinal irritation, and will not yield to purely local treatment. Cases of this kind are sometimes treated for a long time without any satisfaction, simply because the general constitutional treatment is neglected. Constitutional treatment alone, if judiciously and faithfully carried out, may sometimes cure these cases without any local application, or with but little, as has been lately shown by one of our prominent gynæcologists, Dr. Goodell.

"*Oxalates, Urates, Phosphates, and Spermatozoa in the Urine.*—The relation of oxalate of lime to various nervous symptoms was long ago pointed out by Golding Bird, and the importance of examining the urine for the deposits of the oxalates was strenuously insisted on by him; but the true relation of such deposits to the nervous system seems not to have been fully understood either by him or by those who have since written on the subject.

"*Excessive Gaping and Yawning.*—As evidences of temporary fatigue, gaping and yawning are familiar enough, even though their physiology may be obscure. In organic disease of the brain, also, frequent and prolonged gaping has been noticed.

"In one case of glosso-labial paralysis that I saw a number of years ago, this symptom of gaping was so frequent, and the act so prolonged, as to be ludicrous.

"*Appearance of Youth.*—Persons afflicted with neurasthenia very often, and, I think, in the majority of cases, where the condition is long-standing, look younger than their years; they bear the weight of time more easily than the phlegmatic and the strong; and when between, say, thirty-five and forty-five, will pass for five or ten years below their actual age. I have reached this generalisation not hastily, but after much observation and reflection. Constantly I find myself astonished when a new patient, whom I have never before seen, tells me his age. I observe that those who have had a long battle with their morbid feelings, who have been, perhaps, disabled, crippled,

exiled by nervous incapacity, look ten years younger than their vigorous friends. The neurasthenic are, as a rule, less wrinkled and worn; they have less fat and muscle that furnish the materials for flabbiness and coarseness of feature. Their skins are thinner and softer, and show the blood more readily. They are also less likely to be attacked with those degenerative changes in the blood-vessels and the skin that are the signs and results of age. In a word, they look young for the same reason that they live long.

“*Rapid Decay and Irregularities of the Teeth.*—The rapid decay of the teeth is one of the symptoms of nervous exhaustion. Although a nervous person may have an excellent set of teeth, providing they are well taken care of and properly filled every time a cavity appears, yet early decay of teeth in the nervous is to be ranked as one of the results of an impoverished state of the nervous system.

“That premature decay of teeth is a result of civilisation is an undeniable fact; and in those whose constitutions are depleted of force the teeth are rarely good, and they are only kept in fair working order by the great skill of modern dentistry. Dentists are the barometers of civilisation, their rise and prosperity is one of the most instructive facts in modern sociology. American dentists are the best in the world, because American teeth are the poorest in the world.

“*Hemi-Neurasthenia.*—I have discovered that neurasthenia sometimes affects one part of the body more than the other; to this difference I have applied the term hemi-neurasthenia. Thus there may be a special degree of pain on the left side of the head, the eye on the same side may be weaker, more painful on over use, more severely photophobic, the lid may drop lower, suggesting general paresis, the eye not open so fully and freely; the arm and the leg on the same side may be much weaker than on the other side; likewise there may be a disposition to tremor in both of the extremities and the muscles of the face on one side. The noises in the ears, which I have described as one of the symptoms of neurasthenia, may be restricted entirely to the right or the left side, even when there is no demonstrable disease of the ears.

“Likewise *muscæ volitantes*, or specks before the eyes, may be, and indeed often are, confined to one eye, or are very much more marked in one eye than the other. The symptom of sick headache is, as a rule, far more common on the left than on the right side, although it may appear on both sides in the same individual; likewise the symptoms of chilliness, of creeping, crawling, of muscular spasms, fibrillary contractions, localised heat and cold, may be especially observed on one or the other



side of the body. The pains in the calf of the leg and cramps may be restricted to the right or the left side, or may be far more decided on the one side than on the other. One leg or one foot, or one arm or hand, may be cold for several hours or days, while the limbs on the other side are of normal temperature. One ear may be red and hot, the other may be of normal colour and temperature.

"Hemi-anæsthesia of one side of the body is quite a familiar symptom, especially in hysteria; but very many other phases of nervous debility may be likewise confined to one side of the body."

We have felt bound to give copious extracts from this long and formidable category of the symptoms of neurasthenia, in order to do justice to Dr. Beard's minute and careful analysis. Fortunately, for this country, the neuroses are not so rife here, as on the other side of the Atlantic. It is to be hoped that the love of athletic sports, now so fashionable, will materially tend to counteract that morbid sensibility, the result of high civilisation, and which, according to Dr. Beard, is now so prevalent in the United States.

No doubt many of the forms of neurasthenic diseases owe their origin to constitutional taint, and Dr. Beard admits they are often hereditary.

Dr. Beard gives many valuable suggestions as to the treatment of neurasthenia. We have not space to do more than refer to them, and must content ourselves with recommending the work itself to our readers.

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*Twenty-second Annual Report of the General Board of Commissioners in Lunacy in Scotland. 1879. (Second Notice.)*

THE closing of a number of private asylums in Scotland has exercised an important bearing on the distribution of the insane population, and especially in reference to the poorer classes. The Commissioners report that "it is possible that a certain proportion of this great increase in the number of pauper lunatics is due to the greater tendency that there has been to place insane persons on the Poor Roll owing to the decrease in the number of private asylums, and the increase in the amount of accommodation provided in district and parochial asylums." It is further added that "the class of private asylums which received patients at the lowest rates have now entirely disappeared in Scotland, and the accommodation pro-

vided in district and parochial asylums is of an excellent character. The friends of a patient of the poorer class, therefore, who are willing, though not legally bound, to pay for his treatment in any asylum, and who would formerly have paid for him as a private patient in a private asylum, now allow him to be treated in a district asylum and paid for out of the rates." The state of things indicated by these statements does not appear to us as satisfactory as the report would attempt to show. It does somewhat qualify its approval, however, and at page 58, expresses an opinion that further means of accommodating poor patients of slender means, without submitting them to technical pauperisation, should be provided. It is, however, perfectly clear that the abolition of the private asylum in part has been the means of bringing a mass of patients, not properly fitted by associations to endure the "herding" treatment to which the utterly destitute are submitted, for economic reasons, into a condition against which they must instinctively rebel; and further it has had the effect of throwing an unjust burden on the country, such as the tax payer may with some considerable justice complain of. The increase of rates thus made necessary would have been prevented had a wise precaution been exercised in amending the irregularities of private asylums, in place of altogether suppressing them. The prevalence of insanity is unfortunately a general one, and its influence would even be felt in the lower as in the higher ranks of society. As a matter of fact the poorer classes are more likely, always, to be subject to the conditions favouring the progress of mental disease; the modes of existence, and disregard of sanitary laws, being of the kind to assist any hereditary or acquired tendency to illness which, in a better preserved organism, might be effectually combated. Many of these poor too, are, from the nature of their surroundings, just those whom we should expect to find amongst the earliest and readiest victims of insanity. This factor, in the great problem of the treatment of the insane, will always be a great and important one; and one of the best evidences afforded by these annual reports is the indication of the entire appreciation in which the Commissioners hold it. Pauper lunacy will always contribute largely to swell the expenses of poor relief; as it is reduced will the cost to the community of maintaining state asylums undergo diminution, and hence the anxiety with which the expensive condition of the indigent inmates of asylums is regarded.

The humanising influence exerted over the insane by the presence of ladies amongst them, and as their daily associates, is a familiar experience with every proprietor or superintendent of a private asylum; so well recognised is the fact now, that in

most private institutions more reliance is placed on the family influence than on any other mode of effecting improvement. We, therefore, note with satisfaction that the Commissioners Report of Laughton Hall Asylum near Edinburgh, how "the employment of ladies to be companions to, as well as to superintend, the lady patients is said to be attended with considerable benefit to the patients. The same element in administration has now been introduced into the management of the gentlemen's division of the establishment, which is now, in addition to the usual male attendance, under the charge of two ladies. These ladies join the gentlemen at their meals and they are described as exercising a beneficial influence generally on the social life of the division."

The indications afforded in this volume of the almost total disuse of the harsher coercive measures is another gratifying proof of the vast improvements made in the modern treatment of lunatics, as compared with that usual a generation since. And even in those places such as the Stirling District Asylum, where restraint and seclusion are more frequently resorted to, to quell refractory patients, we have certain assurance that the powers invoked are employed with the utmost regard for the patient, and in a way to which the only possible exception to be taken is that contained in the objection to any form of restraint whatever. There can be no question that this treatment, the open-door system is, for ordinary cases, the best suited to insure improvement; how soon improvement can take place under such circumstances we have sufficient proof afforded in those instructive tables commonly found attached to American Hospital Reports, but not usually accompanying those issued in this country. These tables describe the number of times each patient has been re-committed, when more than one commitment has been made, and from them we are enabled to conclude the frequency with which patients are inconsiderately discharged, either as cured or as improved. This feature of asylum management is in great part to blame for the public misapprehensions regarding these institutions. If patients were not so frequently sent away "cured," only to undergo more or less speedy relapse, there would be heard less of the unmeaning nonsense that is being constantly directed against asylums in the uninformed lay press.

The general tone of the report is cheerful; it sufficiently shows that the best endeavours are being made throughout the asylums of Scotland to do as much as possible towards improving the condition of the unfortunate beings committed to them. Wherever improvements seemed to be suggested, or to be demanded, whether of buildings or of internal administration,

they have been forthwith introduced as far as possible; and judging from the pages of the Commissioners' Report, there is every reason to rest satisfied, both with the condition of the patients, and with the earnest fulfilment of their duties toward them by their caretakers. Of the admirable and careful and conscientious manner in which the Commissioners have achieved their special work it is impossible to speak too highly or too gratefully. The reports themselves are storehouses of information to the alienist and to the humanitarian alike; the authors of them deserve the gratitude of every well-wisher to the unfortunate beings in whose concern they are wholly essayed.

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*The Secret of a Good Memory.* By J. MORTIMER-GRANVILLE, M.D. David Bogue: 1880.

THE effort of collecting and storing information in readiness for future use is one on which to a great extent must depend the ultimate success of the professional and the business man alike. That the method best adapted to this end is not commonly appreciated is evident enough to all who are familiar with the educational schemes in vogue. A manual, therefore, that serves to enunciate rules for developing the powers of recollection possessed by the brain, must have a useful purpose. This Dr. Mortimer-Granville has essayed to achieve, and with a considerable degree of success. Having first described the meaning attached to memory, and sketched in outline the mechanism connected with its operations, he proceeds to consider the subject of "Taking in and storing ideas." The distinction between *apprehending* and *learning* is pointedly drawn, and the necessity of *well-formed impressions* rightly insisted on as a first essential to permanent retention of ideas by the memory. On the "ways of remembering" a most instructive chapter is written, and much assistance will be obtained from it by such persons as find a difficulty in bringing their powers of recollection to cope efficiently with the demands made upon them. The final section is a *resumé* of directions and suggestions, and the whole work is a well-constructed guide to the acquisition of what is an essential attribute of every cultivated scholar. It is to be hoped Dr. Mortimer-Granville's little manual will meet with the success it so conspicuously deserves.

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*On the Construction, Organisation, and General Arrangements of Hospitals for the Insane. With some remarks on Insanity and its Treatment.* By THOMAS S. KIRKBRIDE, M.D., LL.D., &c. Second Edition. Philadelphia: J. B. Lippincott & Co., 1880.

THIS valuable work is a perfect encyclopædia of every matter connected with the arrangements of hospitals for the insane. It is thoroughly practical and comprehensive, and the author has minutely detailed every requisite for the health and comfort of the inmates of an asylum.

We quite agree with the writer, that the insane are more effectually and more economically treated in a well-regulated asylum than in private care; and we feel confident that our contemporaries would have no sympathy with the popular clamour against lunatic asylums in this country. He objects to very large asylums, and thinks two hundred and fifty patients the utmost number that can receive the necessary care and supervision. We have at various times, in our defence of private asylums, insisted on this principle. It must be admitted, by every candid observer, that when the patients are very numerous, it is scarcely possible they can have the same minute attention as they would if the inmates were fewer.

The first edition of this work, the author informs us, was published twenty-six years since; and the substance of it had previously appeared in the pages of the *American Journal of Insanity*. His experience of asylum work extends over a period of forty-five years, which has given him ample opportunities for extensive observation.

The author makes the following good remarks as to the enclosures and ventilation of asylums:—

“It is desirable that the pleasure grounds and gardens should be securely enclosed, to protect the patients from the gaze and impertinent curiosity of visitors, and from the excitement occasioned by their presence in the grounds. This, therefore, becomes a matter for consideration in the selection of a site.

“This enclosure should be of a permanent character, about ten feet high, and so located that it will not be conspicuous, even if it is at all visible, from the building. The site, as well as the position of the building on it, should have some reference to this arrangement. If sufficient inequalities of surface exist, the wall or fence, as it may be, should be placed in the low ground, so as not to obstruct the view; but if the country is too level to admit of this, the same end may be attained by placing the wall in the centre of a line of excavation of sufficient depth to prevent its having an unpleasant

appearance, and yet to render it entirely effective. Although the first cost of a wall will be about double that of a fence of the proper kind, still its durability and greater efficiency in every respect, will make it cheaper in the end."

"Although a forced ventilation is deemed indispensable in every hospital for the insane, still a natural ventilation should never be neglected. In most parts of the United States, during one-half the year, there is a comfort in the fresh, cool breezes which may often be made to pass through the wards, that can not be too highly estimated, and every precaution should be taken to derive full advantage from them. The darkest, most cheerless, and worst ventilated parts of such establishments, will generally be found to be where a wing joins the centre building, or where one wing comes directly in contact with another running at right angles to it. The first of these defects, however, is easily and effectually remedied, by leaving on each side an open space of ten or twelve feet, with movable glazed sash extending from near the floor to the ceiling, and which may either be accessible to the patients, or be protected by ornamental open wire work on a line with the corridor; this arrangement gives nearly every advantage of light, air, and scenery. Behind such a screen, even in the most excited wards, may be placed with entire security, the most beautiful evergreen and flowering plants, singing birds, jets of water, and various other objects, the contemplation of which cannot fail to have a pleasant and soothing effect upon every class of patients. To remedy the other difficulty alluded to, instead of allowing a second wing to come directly in contact with the first, it should be placed on a parallel line, but made to recede just so far as will allow its corridor to be open at both extremities, or as much more as may be deemed desirable, and these ends should also be furnished with movable glazed sashes, terminating in a bay window, accessible to the patients, or protected and ornamented as already suggested, according to the class by which it is to be occupied, and other circumstances. If the second range of wings is placed at right angles to the first, the same arrangement is required, as that suggested where the first wing joins the centre building. I deem this mode of finish of great importance, and one of the most valuable features of the plans under notice. These open arrangements, where one ward joins another, give all possible advantages of light and air, and are infinitely preferable to structures entirely detached, which, besides being more expensive, without having compensating advantages, have many inconveniences, that must be obvious to those who are practically familiar with the management of hospitals.

"The character of the ground must often decide whether the building shall be in one extended line, or whether the second or third range shall be at right angles to the first or second, as the case may be. If the building is but for one sex there can be no objection to either of these, and of both plans, outlines are given."

These remarks on security from fire are well deserving of attention:—

"In constructing a hospital, every precaution should be taken to provide against accidents from fire, and the building should be made as nearly fireproof as circumstances will permit. Iron girders and brick arching between the different stories would be desirable everywhere, but the first cost will probably mostly lead to counter ceiling and other substitutes; or better, the kitchens and bake-rooms, in which rooms alone it will be necessary to have fires of any size, should be arched above and below, and the flues leading from them should be constructed with great care. Instead of making the entire structure fireproof, it will answer to have the parts just alluded to and the passages between the different ranges of wings made positively fireproof. These last also should be arched, their side walls should run up from the cellar to the roof, and they should have stone floors, and iron doors on one side, that can be closed whenever desired. By this arrangement, a fire commencing in one section of the wings, could easily be prevented from spreading to any other, and it might lead to the preservation of all parts of the structure, except the range in which the fire originated.

"The buildings should be heated by steam, and the fires for generating the steam should always be in a fireproof detached structure, from fifty to one hundred feet from the hospital. This mode of heating and this locality for the large fires, will remove the greatest source of accidents from this cause in institutions for the insane."

Also what he says on windows and window-guards is noteworthy:—

"When, in order to give a proper architectural effect to the building, the rooms in its centre must have lofty windows, the lower sash may be guarded as hereafter described, while the upper may be left as in an ordinary building. This is sufficient for rooms not regularly used by patients; but if constantly occupied, more attention must be paid to security. Inside shutters, with the upper half permanently closed, and the lower sash properly guarded, sometimes make a very neat arrangement in such rooms, and this, or something equivalent, is necessary for adequate safety.

"More care, however, must be observed in reference to patients' chambers and ordinary ward windows. A window about six feet six inches by three feet, will be found of a convenient size, and this will give two sashes, each containing ten lights  $5\frac{1}{2}$  by 18 inches. The window seats may be like those in common dwellings, and the window should be placed low enough to make it pleasant to a person sitting in the room. The upper sash should be of cast or malleable iron, and well fastened into the frame, while the lower sash, of the same size and pattern, may be of wood, and hung so as to rise and fall throughout its whole extent. The cord may be entirely concealed. The space opposite the lower sash should be protected by a wrought-iron window guard, which, if properly made, and painted of a white colour, will not prove unsightly. This kind of guard is always to be very strongly secured to the window frame, and in such a manner that the screws may not be accessible to the patients. It should reach to within five inches of the upper sash, and to within the same distance of the frame below and at the sides. When of a tasteful pattern and neatly made, it will be found very preferable in appearance and quite equal in security, to the unglazed cast-iron sash occasionally used, and which after all, when the sash is raised, has to one in the room very much the appearance of two sets of iron bars, placed at right angles, while the wrought-iron screen is no more than what is every day seen in certain front windows of some of the best houses in our large cities.

"Those who recommend unguarded windows, would seem to have little appreciation of the risks, which are sure to occur, or of the fatal results, that sooner or later will scarcely fail to happen. Within a very brief period, without this protection, three casualties would have taken place in a single institution, each of which must have ended in most serious, if not fatal results. Such windows may be safe for certain patients, but the great difficulty in taking care of the insane, is to know who are to be trusted and who are not, so many of their actions come from sudden impulse. The kind of patients for whom ordinary windows are safe, might really be treated elsewhere than in hospitals. So of doors left unfastened and unguarded; every superintendent can judge for himself of the safety and propriety of such a course, and the amount of responsibility he is willing to assume."

Dr. Kirkbride is opposed to the expediency of providing separate asylums for recent and chronic cases, or those supposed to be incurable. He says if the latter are confined to special institutions, there is a danger that, after a time, they will deteriorate mentally and physically



*The Factors of the Unsound Mind.* By WILLIAM A. GUY, M.B.,  
F.R.S. London: Thos. De La Rue & Co., 1881.

UNIVERSAL welcome will be accorded to Dr. Guy's new volume, containing the substance of the Lumleian lectures delivered by him in 1868, amended to bring the work abreast of advances made since the date of their first appearance. The strong interest taken by their author in the criminal aspects of insanity, and his well-known insistence on a full and complete recognition of its bearing on the perpetration of acts committed under its influence, lends especial value to the opinions formed after what has probably been a fuller and more lengthened experience of the subject treated than has been enjoyed by any living observer. The title of the work is a peculiarly happy one. It indicates exactly what is contained in it; and the exposition of principles which are at the root of every problem of incipient mental unsoundness to which we are treated in it, is a masterly performance, of incomparable excellence. On one point, occurring in the first chapter, we are bound to disagree with Dr. Guy, and that is the confusion he imparts to the use of the terms "imagination" and "fancy." More than once he employs the terms with the evident intention of ascribing the same meaning to each, as *e.g.*, on page 21, where he asks, "Are spectral and other illusions, in any proper sense results of the workings of imagination or fancy?" And further on in the same page, as though to remove any doubt as to his actual intention to assign equivalence to the two names, he continues: "In these cases, which, as I have said, are very numerous, it seems obvious to attribute the illusions to *that active, busy, creative faculty* which we call *Imagination or Fancy*." Now, from this passage, in which we have italicised the essential words, it is sufficiently evident that to the mind of Dr. Guy there is no distinction between that which is attributable to imaginative proceedings, and that which is the outcome of fanciful creations. And yet we are compelled to regard the two operations as specifically distinct, and as depending on utterly different antecedents. There is an important question involved in this bearing on the origin of the illusions to which Dr. Guy attaches, correctly, so high a value in the genesis of mental disease; all the more reason, therefore, is there that an accurate conception of the two activities should be generally held. At one time the two terms were used in an identical sense, but there is an important distinction between them, which Leigh Hunt carefully explains, declaring Fancy to mean "nothing but a spiritual image or apparition (*φαντασμα*, appearance, phantom)," and having no relation to real and

existent objects, with which, on the other hand, imagination is wholly concerned. But the latter may alter, contort, rearrange, and rehabilitate the recollections of actual experiences, and in all this it will not ascend to the idealism that is pre-eminently characteristic of fancy. In connection with the illusory phenomena described by Dr. Guy, the play of imagination is perfectly marked; in all of the narrations he incorporates, the subjects of illusion have been under the spell of imagination simply; and it does not seem to us at all hypercritical to insist that those appearances should be ascribed to their real source, and that the name "Fancy" should be reserved to designate that which it legitimately belongs to, the *spiritual creations*, so to speak, of genius.

Dr. Guy brings together a number of histories of persons who have been subject to illusions, and from them he proceeds to discuss the occurrence of illusions in animals, which fact he considers to prove that the intervention of such a faculty as the imagination is not necessary between the action of the brain and the illusion, and cites the following instance:—"Mr. W. J. Palmer, of Calcutta, gave to a puppy the liquid resulting from the chemical treatment of the stomachs of a man and his wife who had died poisoned by the young shoots of the dhatoora plant. The puppy vomited, performed a few antics, and fell on his side in a deep sleep; after ten minutes he got up, stared wildly about him, and appeared to see visions which he would scratch or snap at, but finding that they eluded him, he walked to his accustomed corner of the room and there lay down. A kitten treated to the contents of another stomach containing also the poison of dhatoora, when consciousness returned, is described as staring wildly, performing a series of grotesque actions, as being irritable and almost wild. . . . . If Mr. Palmer is not wrong in his interpretation of the movements of these animals, and if other observers have not been similarly mistaken, then it follows that we may have illusions of the senses in creatures which we do not credit with any faculty resembling the human imagination." It is quite possible of course, nay, more, probable, that Dr. Guy's assumption regarding the mental constitution of animals will not be generally accepted, and thus his deductions will not weigh with others as with himself. Few will disagree, however, with him as to the powerful influences illusions exert over their victims, who, impressed against their will and wish, with their reality, become for a time the unreasoning servants of an irresistible power. If asked concerning the phantoms they energetically declare they have no reality, and yet at each fresh occurrence of an illusion they are found to act for the time as if fully believing

in it. "A man who knows right from wrong, whatever the condition of his mind in other respects, and whatever the strength of the impulse which urges him to action, is held to be responsible for his act. Do not these cases help us to understand the surpassing reality of the brain's own creations, and the tyranny they exercise over men's actions, even in presence of the most perfect knowledge (experimental and theoretical) of their true nature and causation? And if illusions of the sense of sight, which, if not corrected by real objects, are at least mixed up with them, are thus vivid and life-like, what shall we say of those illusions of the sense of hearing which, so to speak, have the mind all to themselves, and take the shape of definite commands to commit suicide or murder?" This passage sounds the key-note of the work, and it is followed by a luminous exposition of the data on which the final conclusions to which Dr. Guy gives expression are based. The second section is devoted to delusions, and concludes with the following passage:—"I believe that there are illusions of the senses and delusions of the mind which are to the full as involuntary, and as certainly due to the direct action of the brain itself as the outward manifestations of emotion, the grotesque movements of chorea, or the aimless convulsions of epilepsy." Succeeding comes a chapter on "Dreams" and the analogy between these and the insane condition is dwelt on. Dr. Guy refers to the strange and incomprehensible rapidity with which a lengthened series of events is sometimes gone through in imagination by the sleeper, between the occurrence of a noise which suffices to arouse him, and the actual awakening. Every physician has some time or other experienced this, and has striven in vain to afford a physiological explanation of it. Years may appear to elapse, and the actions and incidents crowded within them passed in detailed review, leading gradually up to some event connected with the sound which startles out of sleep, and yet we can be certain that an almost inappreciable period of time elapses between the two to full waking time; notwithstanding, sufficient for the mental review of a lifetime. In the lunatic this condition has not been recognised; but as Dr. Guy suggests, "possibly some happy accident may supply us with a case in point." It can hardly be that there is never anything equivalent to be noticed, and it were better to conclude that our means of observation are as yet inadequate to estimating the value and extent of the mental changes that make up the phases of insanity. The temptation to conclude that this latter condition, of necessity implies structural changes to disturb every normal process, is one that is found almost too strong to resist; and until there is a general willingness to regard the mentally

alienated more in the light of a simply aberrant type, advance will be slow and gradual.

The exception we have ventured to take to a confusion of imagination and fancy is justified by the phenomena of dreaming. This has always reference to actual experiences; we never find a dream concerned with purely ideal creations of *fancy*; even the most fantastic and impossible conceptions are *based* on some *fact* or occurrence of former time. There is no initiation or real origination of *ideas*, and we may perhaps be allowed to suggest that the recognition of this and its application to the phenomena of insanity may be found productive of good result. The two states, dreaming and insanity, agree in this, that each is concerned with that which *is* or *has been*. The lunatic may be wondrously imaginative, may be even poetical, but he is never a producer of *new* ideas, only always an adapter of old ones; and thus is he strangely and surely marked off from a class often unjustly put with him by hasty generalisers, viz. geniuses. Somnambulism, and delirium are treated by Dr. Guy in separate chapters. Under each heading he has much to say that is interesting, and especially in the former section when dealing with double consciousness and spiritualism. As might be anticipated, the bearing of the somnambulist condition on homicidal and suicidal tendencies is dilated on with the view of bringing into relief the influence they have on the criminal aspects of such acts.

"The word *delirium*," says Dr. Guy, "was formerly in frequent use as the equivalent of insanity, and is even now occasionally employed in that sense. But its more common and appropriate use is to designate a state of mind which springs up during fevers, inflammations, (especially in the internal organs) severe wounds and injuries, the action of poisons, and especially of such poisons as opium and alcohol. Delirium tremens, the Nemesis of the drunkard, is one of its most instructive forms." This definition of delirium satisfactorily includes the phenomena presented during those stages of illness of which it forms a characteristic feature, and separates it from the apparently similar states observed in actual insanity. We could wish that Dr. Guy had somewhat extended this chapter to include a more complete differential diagnosis; but so far as it goes it is an admirable exposition of the subject it describes.

Catalepsy is a condition so rarely met with, and, when seen, so excessively instructive, that it is much to be desired it could be more fully studied and explained. Dr. Guy is unable to add much to what is already known concerning it; he states he has never seen a case since he was a boy. And the records of medicine contain so few descriptions of the disease, there can

be but little learnt from them about it. It is possible to believe even of some of the few cases of which a history has been given, that their nature has been improperly understood, and they entitle to be ranked rather as instances of extraordinary hysteria. We believe Dr. Drummond, physician to the Newcastle-on-Tyne Infirmary, has a woman now under his care, in the wards of that institution, of whom it would be rash to assert whether she can be correctly described as hysterical or cataleptic. In non-professional circles every convulsive seizure is a "fit," and, from occasional accounts received of "fits" occurring more or less frequently in persons who are not regularly under medical treatment, it is not unreasonable to assume that conditions allied to that of catalepsy are more frequent than we are in the habit of supposing. They are less fearful in appearance than the more terrifying epileptic attacks, and as in the case we refer to, it is only after long continuance, or increased severity of symptoms, that resort is had to skilled advice. Of epilepsy, fortunately, Dr. Guy is enabled to speak definitely; and he assents to the views propounded by Dr. Chéyney that the strumous diathesis is a strong exciting cause of the complaint. Its relation to insanity is briefly but clearly described in the words of Dr. Burrows, to the effect that "Epilepsy is frequently complicated with, or ends in, mental derangement. It may be complicated with every form of aberration, alienation, or deficiency of intellect. Thus we find it combined with mania, melancholia, demency, and idiotism. The epileptic attack may be preceded by a furious paroxysm, or merely by elevated ideas, by great depression of spirits, or by mental imbecility, forgetfulness, &c.; or the reverse may obtain, and the sequel of the epileptic fits may exhibit these morbid conditions of the mental functions."

Hysteria will probably never lose its interest for the practical physician; and each year, in consequence of the attention that is given to it, we are becoming better and more truly acquainted with the meaning of its symptoms. The proneness of numbers of women when associated together, to imitate the hysterical condition when any one is attacked by it, is well known, and affords our author a theme for cogent and instructive comment. The subject of hysterical males also is carefully touched, and one case which came within Dr. Guy's own experience is so instructive in its details that we are unable to forbear quoting it in full. Dr. Guy writes: "I was one of a party assembled one evening at the house of a friend. The conversation took the direction of mesmerism, and I was appealed to, as the person most likely to understand it, for an explanation of its method and effect. I disclaimed all know-

ledge of the subject beyond the fact that the manipulations of the mesmeriser consisted of passes of the hand before the face; and the effect sleep, or a state allied to it. I illustrated the method by making a few passes, which were not directed towards anyone present, nor had I any particular person in my thoughts. But the master of the house, a healthy well-made gentleman, above the middle height, inclined to corpulence, of the temperament known as phlegmatic, and of an easy disposition, very ready to accept the views of others where most men prefer to help themselves—this gentleman, not being near me, or in the direction of my movements, suddenly sank on a sofa by which he was standing, and became convulsed, his features becoming so distorted that it was hard to say whether their expression, or the horror of his wife, or the surprise of the rest of the party, was most noteworthy. As the expression of his face, as well as the incoherent words he uttered, had reference to myself, I withdrew, and noiselessly, as I thought, made my way to an apartment above. But his eyes, gestures, and words followed me there, and I soon determined to leave the house. Next day I met him, and would have shaken hands with him, but he motioned me away, alleging that he could not bear it. . . . It is impossible to imagine a more complete illustration than this case affords of the existence of that exceptional condition of mind and nervous system which gives force to the passes of the mesmeriser and the fixed gaze of the biologist. In this strange case there was neither intention on the part of the operator nor imposition or possible imitation on the part of the 'subject.' Attribute the phenomena if we will to the workings of the imagination, we do but assign a real cause; we do not, and we cannot, explain its mode of action. Some time after this event I was informed that the oldest son of this gentleman was found to be among the most susceptible persons at a meeting convened by a celebrated biologist." Dr. Guy adds in reference to this question, "the effects attributed to an external cause may be really due to the inner peculiarities of the 'subject' himself; that convulsions and other abnormal states of the nervous system may originate, not in the strong will and confident actions of the mesmeriser or biologist, but in the hysteric weakness of the 'subject.'" These passages are among the most instructive in the book. They are exceptionally interesting in themselves, but as much, too, showing the conservative tendency of their author's mind in rejecting the modern developments of physiological science in respect to the subject he is discussing, and especially on account of his utterly ignoring the remarkable performances of Heidenhain.

The second part of Dr. Guy's volume is devoted to "The plea of Insanity." We cannot now give space to any lengthened analysis of its chapters, but it will suffice almost to say of it that it is an able, eloquent, and irresistible argument in favour of removing the onus of responsibility from the insane criminal. Dr. Guy recognises five classes of cases in which the plea of insanity can be admitted; they are (1) cases of acute instinctive or impulsive insanity, (2) cases of chronic instinctive or impulsive insanity, (3) cases of epilepsy with homicidal impulse, (4) cases of imbecility, (5) cases of mania. In demonstrating this part of his subject, our author will carry every educated physician with him. We have not always been able to agree with him in the earlier part of his work, but here we are heart and soul at one with his noble and generous desire to reform what is, perhaps, the greatest scandal of the criminal code. Indeed, it is high time that we dispense with all refinements in a matter so simple. A man kills another, and the plea of insanity is set up and maintained. Delusion is proved. If you can show that the madman knows right from wrong, and that murder is unlawful, do you also prove that he could act upon his knowledge as the sane criminal does? Give what definition or description of madmen you please, you cannot exclude from it the weakening or destruction of the will. We cannot, in conclusion, say anything higher in praise of Dr. Guy's most admirable book, than that he succeeds in showing the perfect truth of a passage prefixed to his own volume, from Coke in "Blackstone." "But if there be any doubt of sanity, surely the evidence of men of acknowledged science and reputation should, at least, be listened to, especially in capital offences, lest the execution of the maniac be a miserable spectacle both against law, and of extreme inhumanity and cruelty, and be no example to others."

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*The Life and Literary Remains of Dr. Appleton.* By JOHN H. APPLETON, M.A., and G. H. SAYCE, M.A. Trübner & Co. 1880.

THE steady persistence with which the late Dr. Appleton devoted himself to promoting the cause of scientific progress entitles him to rank foremost among the benefactors of our time. His labours were of the kind to bear a rich harvest of fruit, only the signs of which, however, he was permitted to witness during his own life. As the years roll on, and the example he set is followed by successors in the path he trod, we

shall see more and more clearly the inestimable value of the measures he was almost the first to insist on. In an important sense he was the pilot of advance, for to him we owe it that *research* is now fully recognised in this country, as that to which we must chiefly trust for extending the limits of our knowledge in every direction. The "Endowment of Research" is something to which a definite and practical meaning is attached in the present; it is a means whereby we are enabled to secure and strengthen our position in the field of discovery; and, above all, the phrase has become established as the appropriate designation of a duty to be discharged by the state in its rôle of guardian of the national interests. It is not too much to assert that this good result is entirely due to the indomitable perseverance of a single individual. To Dr. Appleton must ever be ascribed the honour and the glory of vindicating the dignity of scientific inquiry, and pressing its recognition on all sides as the essential element in every intellectual advance. The record of such a man's life and works cannot fail to be absorbingly interesting; and the volume in which this is presented is a noteworthy addition to Messrs. Trübner & Co.'s English and Foreign Philosophical Library.

Dr. Appleton's special studies led him into criticism of philosophical systems, and to the discussion of those problems intimately associated with the speculations of philosophical thinkers. Hence we do not inherit from him so much in the way of original ideas, as might have been the case had he been spared to develop the schemes suggested by his examination of schools of thought. He has bequeathed to posterity only a few suggestive works, but the rich promise of their excellence will engender poignant regret that the fulfilment of the intentions they indicate is rendered impossible by the lamented death of their author. "What is the Ego?" A series of two essays on "Strauss as a Theologian," and "A Plea for Metaphysic," are the most important remnants contained in the work before us. This had been intended to form part of a comprehensive study of the bases of metaphysics, and, had it been completed by its author, would have assumed a prominent place among the philosophical treatises of the period. As it is, enough is presented to show the precision with which the subject would have been pursued; and even in its present incomplete form it will be accepted as a painstaking examination of the essential differences which separate modern philosophers. The method of the undertaking is explained by Mr. Sayce in his "Introduction," who describes Dr. Appleton as believing "that the knowledge and experience of each age is summed up in one dominant idea, which it is the business of the metaphysician to



discover, analyse, and define. The dominant ideas form a series, connected together, not like the links of a chain, but by a slow process of growth and evolution. The metaphysician may pause at any one point in the series, and regard all that has gone before as a single whole or organism, the development of which may be traced and determined. The dominant idea of any one age accordingly contains within itself the dominant ideas of the ages that have preceded it, and can best be studied in the works of a literary genius who represents and embodies the ideas and aspirations of his own time. The *zeit-geist* or spirit of the nineteenth century breathes through the writings of men like Matthew Arnold or Renan; it has been clothed by them with literary form, and given, as it were, material shape." This conception of philosophies has an attraction, where once adequately grasped, that is singularly powerful in holding the mind of the student; it imparts a living interest to each separate stage of progress, and surrounds the details of development in the past with almost as great a meaning as is contained in the difficulties of more recent conquest. We cannot too keenly regret the loss of that spirit that would have presented us with the consecutive history of all philosophies as leading to the ultimate evolution of a one grand embracing system, nor with the fragments of demonstration that remain can we doubt the comprehensive fulfilment of the project, had not death intervened to prevent it. "The one key to all these metaphysical ideas is development;" this is the note that is sounded in every page of Appleton's remains. This is the guide that he persistently followed; and that it will lead, whoever accepts it in spirit and in truth, to the apprehension of all that is vital and essential in the conception of the past, and its application to unravel the mysteries of the present, is surely beyond all doubt. The conflicting claims of metaphysicians bid fair to erect formidable obstacles against future advance along the path of knowledge—unless there can be a more or less universal adjustment of differences—serious enough to cause a fear lest they should result in irreparable injury to the cause of progress. To harmonise and associate the views of differing schools is the work that might have been accomplished had Appleton's labours progressed to completion. In a series of notes left by him, on "The Development of Ideas," the fifth defines "development by absorption, where each stage is absorbed into the following, as in the progress of metaphysics, the several stages being preserved as such in literature, but becoming sterile, and so possessing only a historical importance." This may be taken as an accurate description of the process illustrated throughout Dr. Appleton's writings on metaphysical

subjects; and where not openly expressed, it at least serves to suggest the manner of his demonstrations. All that is good in theories of the past we preserve, as far as possible, in schemes of the present; but as the opinion of each man varies on points of cardinal importance, so do we necessarily find that no age will present two thinkers who will be in agreement concerning the indispensable data of a bygone time. The colouring given to thought by change in the manner of appreciating details from other sources than their own immediate understanding, must of necessity exert an important influence over the character and extent of particular decisions. It was Dr. Appleton's aim and endeavour to emancipate himself from every narrowing restriction of this kind. Earnest study of all types and all fulfilments of philosophic ideal he unstintingly gave, but strove always to become the critic rather than the adherent of that which engaged his attention. The difficulty of such a proceeding is by no means inconsiderable, and it is saying that which is the highest praise that can be bestowed, to assert that the task he set himself he accomplished.

Perhaps one of the most important acts of Dr. Appleton's life was the foundation of the "Academy" in 1869. First a monthly, then a fortnightly, it subsequently became a weekly literary review; and it says no little for the energy and indomitable perseverance of its originator, that since the time of its first appearance it has never, for a single number, lost the character he impressed on it of being a high-class, reliable, and thoroughly honest publication; struggles it undoubtedly had to go through, but it has never ceased to be what Appleton intended, and made it, and we trust it may long preserve its place in the world of literature.

As the life of an earnest thinker, of strong convictions, unswerving purpose, and unflagging industry, Mr. Appleton's memoir of his brother is inestimably valuable by the example it affords. The remaining portion of the book reflects the best thoughts of an accomplished scholar, and an eager truth-seeker. The lament of every reader of this volume will be that so little remains of him who, had he but lived, would surely have done so much.

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*Contribution to the History of the Development of the Human Race.* By LAZARUS GEIGER. Translated by DAVID ASKER, Ph. D. Trübner & Co., London. 1880.

THE philological inquiries of Lazarus Geiger have earned for him a reputation extending not only through the whole of Germany, but wherever the study of language, in its relations to

historical development, has engaged the attention of the scholar and the investigator. It is therefore a matter for congratulation that any portion of his literary labours is accessible to English readers in the mother tongue. The light thrown by philology on the early efforts of mankind, and of race of men in the path of progress, proves the intensest interest for modern studies, as well as being the surest guide towards the ascertainment of those primary steps of advance which opened up the way for future civilisation. There is not, probably, at the present time a single student of science who has not, at some time or other, felt the intimate connection existing between the growth of language and the development of those characteristics which serve to distinguish nations in the aggregate, and likewise the individuals who go to form them. Observation of the manner in which the child mind gradually expands, and acquires the attributes of adult being, tends to demonstrate how closely ideas are associated with the differences of sound; how thoughts and actions are at first modified as they are influenced by the impressions conveyed by names; and how, further, there is slowly gained a power of appreciating and weighing the differences that go to form variations in expression and in meaning. The limited vocabulary of the primitive type is wholly inadequate to the performance of more than the most limited acts of speech, and also it must have rendered impossible the evolution of complicated, or even complex, ideas, if, as we are led to assume, the process of reasoning pre-necessitates the existence of words as tools. The mode in which these words originated will probably remain, for all time, a matter of mere conjecture; the scornful rejection of theory, whether it be of one kind or another, will do little to place this origin on a certain basis, and in the existence of differing notions concerning the first growth of language we may possibly find a good deal to help in the first apprehension of some view useful in determining the extent of our personal interest in the larger function of after growth. Too much attention, it may almost be said, has been devoted to determining the steps marking the progress of earlier races along the permanent way of improvement; from the nature of the only means at hand to assist in this inquiry, there is reason to think that speculation beyond a certain point must be vain and profitless; the further back into antiquity we are led, the less comprehensible are the evidences of it that come to hand; indeed, the teaching of Geiger on this head are clear and definite, and are well worthy of universal acceptance. He avers that "man's works are always the less recognisable the less artistic they are." We might, therefore, just happen to discover, from times which are the most important to the origin of things, implements in

which we could not with certainty recognise the human hand that fashioned them. Besides, it is with these rude productions of art as with everything that has come into being; we see them lie before us, indeed, but they tell us nothing about their origin or the mental process that preceded it. Hence, to have any value, the theories of the present should endeavour to explain the significance of those links that bind the ascertained facts of observation, links that are presented in profusion to the diligent student of signs and symbols representative of thought. The earliest endeavours of men, as well as the most recent attempts of discoverers and mechanical geniuses, were directed to the perfection of means for securing personal advantages and comforts. From the outset of civilisation, and along the whole course of its growth, development is marked by the creation of new terms, and extension of the meaning of those already invented. That language of a primitive kind preceded the manufacture of tools, of whatever description, must be accepted, a demand that is in no sense unreasonable since the justice of it is illustrated by reference to the morphological adaptation attendant on the development of human over animal structures. On this head Geiger is so explicit and complete in demonstration that the whole of a lengthy passage may be quoted; and it will serve also to show the elegant perspicacity of his reasoning as evident in the whole volume before us. "On considering a word denoting an activity carried on with a tool, we shall invariably find it not to have been its original meaning, but that it previously implied a similar activity requiring only the natural organs of man. Let us, e.g., compare the ancient word *mahlen* (to grind), *eniitile* (mill), Latin, *molo*, Greek, *μύλη*. The process, well known from antiquity, of grinding the grains of the bread fruit between stones, is no doubt simple enough to be presupposed as practised already in the primitive period in one form or another. Nevertheless, the word that we now use for an activity with implements has proceeded from a still more simple conception. The root *mal*, or *mar*, so widely diffused in the Indo-European family of languages, implies 'to grind with the fingers,' as well as 'to crush with the teeth.' I would remind you of *mordeo*, 'to bite,' and the Sanskrit root *mrid*, which implies to pulverise and to rub, e.g., one's forehead with one's hand, of the Greek *μολυνω*, to spread over and soil with flour, mud, or the like, which may be compared to the Sanskrit *mala*, 'soiling,' Gothic *mulda*, 'soft earth.' On the one hand *μέλας*, 'black,' on the other, *μαλακός*, *mollis*, mellow, belong to this class; aye, so do even a number of designations of morass-like fluids, and the word *meer* (sea). In German, two different words from cognate roots perfectly coincide in sound.

The *malslen* (grinding) of the corn and the *malen* (painting) of pictures. The fundamental meaning of both is to rub or spread with the fingers; and an equally close resemblance may be found in the designation of these two notions in the Latin *puiso* and *puigo*."

A thorough evolutionist, Geiger is able to explain the special conformation of man in accordance with the principles of evolution, and in a way so ingenious that it should commend itself to the acceptance of every disciple of the great apostle. He considers that "the figure of man seems to be a decided indication that the tree must have been his original habitation. His erect gait finds its most natural explanation in his former climbing mode of life, and from his habit of clasping the tree in his ascent we can best explain the transformation of the hand from a motory organ into a grasping one, so that we shall be found to owe to the lowest stage of our culture that seems credible—our distinguishing advantages—the free and commanding elevation of our head, and the possession of that organ which Aristotle has called the "tool of tools." We cannot doubt that the explanation of the gradual transformation of human activity, contained in the secrets of philology, is that to which we must trust for the illumination of the dark pages of man's earlier history; nor can we withhold admiration of the luminous demonstrations of the connection subsisting between words and progress contained in the lectures of Geiger. He frames always a perfect system of illustration, which carries the reader, by the certainty of the conclusions arrived at, to acquiesce unreservedly in the few unverifiable assertions that are made. In a work of the kind we are dealing with, it must of necessity happen that demonstrable proofs are sometimes wanting to complete confirmation, but in every such case the matter is so presented as to ensure the weight of probability in favour of the author's views. One instance of the kind will suffice. Still speaking of the origin of tools, Geiger continues: "I do not hesitate to assert that there must have been a time when man did not possess any implements or tools, but contented himself to work wholly with his natural organs; that there followed a period when he was already to recognise and use accidentally-found objects resembling those organs, and by their aid to enlarge, heighten, and arm the power of his natural tools—e.g., to employ a hollow shell of a plant as a substitute for the hollow of the hand, which was the first vessel. Not until after the employment of these objects that accidentally presented themselves had become familiar, did man's creative activity in the shape of imitation take its rise."

"The Colour Sense" is the subject of an essay of remarkable power, and one that will have an especial interest for the Alienist. The frequent occurrence of impaired visual sensations among those of unsound mind is a point on which it would be possible to collect a fund of most valuable information, but which, up to the present time, does not appear to have engaged any very particular attention. The persistence with which lunatics will adhere to opinions concerning the hues of common objects; the not uncommon occurrence among them of inability to perceive more than one, or at least two, primary colours, and the frequency of a condition not accurately described as colour blindness, lead one to anticipate that a good deal that is interesting and might be useful in a scientific sense could be obtained by a carefully and systematically conducted series of observations. That "the history of colour sense is of paramount importance to the total development of sensation," is incontrovertible; and in the admirably clear and succinct account of the development of the sense given by our author, there is contained the pith of all that has resulted from years of laborious investigation. In connection with this subject, Mr. Grant Allan's invaluable contribution to the philosophical library of Messrs. Trübner & Co., entitled the "Colour Sense," is already well known. The short chapter in Geiger's work is of course only an indication of the lines on which inquiries have been pursued, but it is so far complete and in place that it blends perfectly with its companion chapters in being a step in the history of man's primitive development. Whether physiologists will accept the dicta laid down is for them to determine. The philosophical excellence of the article cannot be questioned. Alluding to the universal prevalence of deficient colour sensations in the early ages of man's existence, and the absence in the oldest records we possess in any tongue of description implying an appreciation of *blue*, our author says of Homer and the sightlessness attributed to him, "If, however, this pathological explanation should apply to Homer (his individual existence presupposed), many other poets of antiquity, the whole human race itself, must have been in the same condition during a whole series of millennia."

"The Origin of Writing," "The Discovery of Fire," also "The Primitive Home of the Indo-Europeans," are the titles of the three concluding papers in the volume. Each reflects the best attributes of a philosophic spirit, and is a model of descriptive reasoning. Involving, as all these essays do, the consideration of subjects on which schools are likely to be ever of differing opinions, it is impossible to withhold a sincere admiration of the calm and dispassionate, although earnest character pervading them

throughout. That they will be widely welcomed among English thinkers, and by all who appreciate the philosophic utterances of a master mind, is a certain consequence of these publications.

The addition of this volume to Messrs. Trübner's English and foreign philosophical library is a wise decision; its tone and teaching are pre-eminently philosophic; in execution it is scientific in the best sense of that comprehensive term; and the translator of the work, Dr. Asker, has succeeded in accomplishing his labour with scholarly excellence. The death of the author himself is an irreparable loss, but the publication of his writings will secure for him the best memorial possible to any worker, viz., admiration of his wondrous powers, and imitation of his greatest deeds.

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(1) *The State Asylum for Insane Criminals, Auburn, New York.—21st Report.*

In the twelve months ending 30th September 1880, a total of 180 patients were under treatment in the State Asylum for Insane Criminals at Auburn, New York, and of these 31 were discharged. It is satisfactory that only three of the latter left the institution "unimproved;" 14 recovered, 8 were found to be not insane, 2 underwent improvement, and 4 died. The causes of death—always important in connection with the insane—were acute inflammation in three out of the four, pulmonary consumption accounting for the last. Acute meningitis is returned as the cause in one case, this being the only instance noted since the opening of the asylum in 1859. Appended to the pamphlet is a very valuable table indicating the results of post-mortem examination of the four patients who died during the year. The record of the necropsy on the man referred to, gives under "cause and duration of disorder," "two weeks' excitement from being prevented from escaping," and the condition of the brain was plainly suggestive of the diagnosis described. The lung was in a state of tubercular infiltration, but ulceration of the nodules had not occurred. Bubo scars were plainly discerned in the groins. The other three cases are similarly carefully described, and the impression conveyed by consideration of these tables is that very much highly valuable information would result from the universal adoption of the plan followed in this report. The tabular contents of it are prepared in a like careful and intelligible manner; one of especial importance gives the probable exciting causes of in-

sanity of those admitted during the year. Naturally "confinement in prison" yields the largest proportion, eleven, all male, having succumbed to the depression thus produced in 1880, and a total of 48, amongst them two women, having been affected thus since September 1875. This is itself an instructive fact, as showing the greater power of resistance to oppressive influences possessed by women than by men, a point to which more attention may be given with advantage. "Unascertained" causes refer to eight admissions in 1880, and to 47 since 1875. The death rate at the Auburn Asylum is worthy of note as being remarkably low. During the year of which this report treats, it amounted to only 2·18 per cent., a number only one-third the usual rate in insane asylums. This may, of course, be ascribed to several favouring causes, but it must, at any rate in part, be consequent on the excellent medical supervision and sanitary arrangements enjoyed by the patients.

(2) *Twenty-fifth Annual Report of the State Lunatic Asylum, Northampton, Mass.*

The Trustees of the Northampton State Asylum report that during the year ending September 30, 1880, 559 patients were under treatment. Eighty-four were discharged, and 29 died. Of the discharged, 19 were unimproved, 28 recovered, and 23 left improved. The number of admissions for the twelve months was 117, two having been received twice. The resources of the hospital are now but just sufficient to accommodate the influx of patients from the four western states it is designed to relieve, and the trustees, in view of future demands, have prudently reserved a plot of land adjacent to the asylum grounds on which extensions may, as required, be erected. The subject of unwise discharge is illustrated in this report, in the following passage, which carries its own moral:—"Of the seven persons who had previously been treated in the hospital, the condition upon discharge upon those former admissions was as follows: one man *recovered* once; one man *recovered* once, and improved once; and one man much improved once; two women *recovered* twice each; one woman *recovered* once, and improved once; and one woman *recovered* eight times, and improved three times. The whole number of *former recoveries* in this hospital, of six of the persons, is *fifteen*. The same six persons have *now* been discharged as *recovered* a total of twenty-one times. One of the six—a man—committed suicide by drowning about ten months after his discharge."

The following passage is deserving of attention in connection with the question of suicides:—"The death of a



woman occurred who, a few days before, had climbed over the baluster of the stairs in the rotunda, and, after hanging a moment by her hands from the rail of the baluster, loosed her hold, and dropped to the floor two stories below. The shock was such that, after lingering nearly five days in a state of unconsciousness, she died. In the table above mentioned, her decease is recorded as the consequence of an injury from a fall. The question is, Was self-destruction intended? The reader of this account will undoubtedly answer 'Yes.' But they who best knew the woman as she was while in the hospital answer, 'Probably not.' She had never manifested any propensity to suicide; but for several days before the fatal act she had been haunted by an active but vague apprehension that some one was about to injure her—an undefined suspicion or sentiment of approaching evil. Those persons who doubt that she intended suicide believe that the act was performed upon the impulse of the moment to escape from the hospital, believing that by so doing she would avoid that imaginary evil."

Dr. Pliny Earle, on the subject of "recoveries," comments strongly and fairly on the unsatisfactoriness of existing measures in regard to the discharge of patients as cured. His conclusions forcibly point the evil of permitting patients to whom reason is apparently restored, being allowed on that account to leave the asylum, and be submitted to the almost certain risk of a return of their malady, at a time when they are far removed from the controlling influences which are alone to be trusted for preserving both them and the public against the consequences of their insanity. Dr. Earle publishes, moreover, the history of a remarkable inquiry he has instituted concerning the meaning of the "cures" reported from asylums. He deals with a total of 118 cases of insanity treated in American Hospitals, "and the statistics of which have been published in the usual manner in the annual report of those institutions." He then, after analysing the returns relating to age, sex, and occupation, thus finally concludes of them:—"On the assumption that my information is correct, and I have no reason to doubt either its authenticity or its accuracy, the foregoing tabulated figures are a true representation, so far as they go, of the history, in relation to insanity, of **THREE PERSONS**, all of them *married women*. The three women were admitted to hospitals a total of 118 times, and discharged as "recovered" (or under some recorded word or words which signified recovery) 102 times. Having contributed the 102 recoveries to the published statistics of insanity, one of them died, insane, in a hospital; another died, insane, at home; and

the third and last, at the age of 75 years, has entered an almshouse, there to spend the remainder of her days. In the future, as for many years in the past, so long as she lives, she will doubtless have from one to two attacks of insanity annually; and the probability is that she will eventually die insane." Advocates of early discharge may profitably digest this passage.

(3) *Illinois Eastern Hospital for the Insane.—Second Biennial Report.*

The Illinois Eastern Hospital for the Insane, is a new institution, as yet but partially completed, situated at Kankakee, Ill. Patients were first received into it on December 4th, 1879, since which time until October 1880, 116 admissions had taken place. Out of these 20 were discharged, viz. six recovered, five much improved, three improved, three stationary, and three dead. One case of death by drowning is noted, the occurrence being declared accidental by the jury before whom an inquiry was held. New buildings are in course of erection, and the accommodation said to be required is that for 350 patients, in addition to the provision already existing. The report by the physician, Dr. R. S. Dewey, is satisfactory of the present working condition of the asylum, and particular attention is drawn to the excellent results found to attend the adoption of a system of non-restraint of patients. Their contentedness, and general condition was markedly influenced by the amount of freedom in regard to going and coming about the premises and grounds; restraint and seclusion together have been used only on sixteen days out of the year, and this almost entirely for two cases. "When mechanical restraint was needed in any case, attendants were ordered to report for instruction to one of the physicians. If its use was allowed, the physician went to see it applied, and the apparatus used was required to be returned from the ward as soon as the time for which it was allowed expired." This proceeding is commendable, as far as it goes, but it might be improved still further, as in private asylums generally in this country, by the entire abolition of restraint pure and simple. A useful table is incorporated with the reports of Dr. Dewey, for recording the daily occurrences, the work, condition of health, variations of diet, amount of amusement indulged in, &c., &c., of all the patients of a ward. The adoption of the plan in all asylums would lead to the accumulation of serviceable information with respect to the discovery of improved principles of treatment, &c. The medical and statistical tables are carefully and elaborately prepared, and yield a good deal of instructive reading.

## PSYCHOLOGICAL RETROSPECT.

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NOTHING of importance has occurred during the past half-year regarding the progress of Psychological Medicine, either in its medical or legal relations. The long-talked-of Act of Parliament, dealing with the care and management of lunatics, has been again shelved to make way for matters of greater importance to the nation. The Bill has been altered so many times that it is impossible to give our readers any correct notion of what we are to expect as a result of the vast amount of evidence printed in the Report of the Select Committee of the House of Commons, appointed to inquire into the alleged grievances of lunatics. It may be mentioned that one of the chief instigators in getting up the inquiry, and one of the chief witnesses, has now departed this life for a better and a happier sphere; but it appears an extraordinary thing to us that any credence could have been given to his incoherent and irrational story of his *quasi* illegal confinement in several asylums. The Habitual Drunkards' Act is an entire myth, and is a lamentable failure; we want a compulsory Act, not a voluntary one, to check an increase in what is again at the head of the statistical causes of insanity. We have not heard so much of late of lunacy agitations or meetings, and, perhaps, the propagators of these have now seen the error of their ways. No important lunacy trials have taken place since our last issue, and, in fact, there is nothing that can be called sensational in the lunacy world. With regard to the *Census*, and the preparation of the *census* papers in asylums, we may mention here that only the initials of the patients are sent to the office. This concession was made in consequence of an application that was made by the late Editor of this Journal, Dr. Forbes Winslow, in 1851, to the Registrar-General. This will doubtless relieve the minds of those who have relatives confined in Asylums and Institutions for the Insane. We give *in extenso* an interesting account taken from the *Globe* of March 2, describing "A Turkish Madhouse":—

A TURKISH MADHOUSE.—*Constantinople, February 23.*—Over the blue waters of the Bosphorus we start in a *caïque*, shooting between countless steamers and sailing vessels; by

heavy barges, full of gentle, scared-looking oxen and thousands of caged and cackling hens; past slim despatch boats, riding at anchor; and under the towering stern of grim ironclads, up whose wall-like black sides leaps the green, transparent wave. From the deck of one float the sounds of a military band braying forth a wild Turkish march—on over the buoyant sea which reflects the clouds, and the seagulls as they swing about on the fresh breeze. For a change has come, and the snow of last week has departed, and with it the dull, grey shroud of murky vapour which weighed on all. As we row on and on, away from Europe, and heading towards Asia, the music on the man-of-war grows fainter and fainter; the clang and bellow of the Oriental melody, which, with all its barbarous cruelty and grandeur, ever preserves its pulsating rhythm, becomes soft and peaceful in the distance, and now reminds one only of the fitful caresses of a "fantasia." The bo's'n's whistle from a gunboat comes over the sea, and this, with the screech of the gulls and the "whirr" of a mallard, as he flies along with his neck out and his feet just skimming the water, is all we can hear. For the Kaikjy has ceased rowing, being engaged in rolling a cigarette, and the troupe of teal, which flit by at lightning speed, move as silently as the clouds overhead. These strange birds, for ever hurrying weirdly and noiselessly along the Bosphorus, are believed by the Turks to embody the souls of those who have perished in its limpid depths. There is no rest for them—they cease not to fly up and down, up and down the broad waterway between the two Continents—they are like the restless souls of purgatory, to whom peace is denied. The boatman blows a contented puff of smoke from the depths of his chest, stuffs his tobacco back into his girdle, spits in the water reflectively, and, as a sort of afterthought, resumes his oars. The jellyfish float by in thousands—they also look contented—and between us and the distant islands in Marmora Sea sport the black porpoises, evidently in the same enviable frame of mind. We are all content. There is Leander's Tower on its islet, and more to the right rises the obelisk in the English cemetery, where sleep gallant officers, soldiers, and nurses, who died for their country's glory in the bloody days of Inkermann and Sebastopol. We are now close to shore; in a few minutes Scutari is reached.

Why attempt to vie with the many great word-painters who have borrowed every powerful adjective, and employed every graphic simile, to portray the view from the railings of the English cemetery, with its touching associations and sad stillness? or the peaceful quiet of the great Mussulman burying-ground, its dark cypress groves, its dark subdued light, its countless white-turbaned tombstones? Let me describe what I came to

see—the native madhouse. Twenty minutes' ride through the horribly-paved streets of Scutari, lined with wooden houses and shops—as inflammable as picturesque—up a steep hill, past the military training school, and we drew rein in front of an iron gate in a high wall. My companion was a charming English-speaking Turk—a nine-medal man, who had served her Majesty Queen Victoria in the Crimea, China, and the Indian Mutiny. Of him, more anon; suffice it for the present, that, although a man of considerable standing, he very much doubted of his ability to get me—a stranger and a Christian—into the madhouse. “If I set about it in the usual way,” he had said a few days before, “there will be endless ‘permits’ and ‘passes’ required, and the affair will take a week. Let us just ride straight up to the gates and see what ‘backsheesh’ and an oily tongue will do.” On the way he purchased 50 packets of tobacco and some cigarette paper. It was a sight to see the “thawing” process through which the gate porter passed under the warm eloquence of my companion; frigid refusal became by turn violent protest and querulous argument, which soon gave place to remonstrance, melting into deprecating shoulder-shrugging, and at last unwilling consent. “I shall be beaten and discharged, after ten years' service, if I am caught,” grumbled the custodian. “You shall neither be beaten nor discharged,” answered my friend. At last the gate was unchained and we entered. We stood under a large dome, which had evidently been a mosque, but now served as central hall, from which opened out passages leading to colonnaded courts. Sword and canes were taken from us, and then the porter looked at me and said something in Turkish to my friend. “He says you can never go in amongst the lunatics with a hat; one or more are sure to fly at you.” So the porter lent me his fez, and with a couple of guards we turned down a passage and ascended some steps. First we visited a vast dormitory, extending round three sides of a court, and which was scrupulously clean, though dreadfully bare; dull grey walls, and no pictures at all, not even gaudily-painted verses from the Koran, like one sees in Turkish barracks and hospitals. There was not a soul in this ward, for all the sufferers were in the court below. Looking down from the portico into this quadrangle, a strange sight met our view. Prowling about the open space, standing inanely passive and motionless, huddled up in the corners, or crouching at the foot of the wall, were some 200 men of all ages and colours—from vigorous youths, blasted by hereditary insanity, with flashing eye or vacant stare, to decrepid old age, lachrymose and mouthing—from the deadly-white face and grey beard of a Circassian, who had gone crazy of a fright, to the horrible

grinning, coal-black Nubian, whose teeth shone like those of a jackal, whose great tongue was now and again protruded with fearful grimaces, and whose eyes flamed with the fierce fire of dangerous madness. There was one little fellow—a Turk—who kept on rolling along the earth at a great pace, laughing the while, and snapping, dog-like, at the heels of those who came in his way. There was another who remained huddled up in a heap, his head low down between his knees, and a sack over his shoulders. You might have looked long and not known the brown bundle to be a man, only now and again this ghastly heap would spring up with a demoniacal shout, and stretch his meagre arms above his head, wailing sadly the while. Then he would collapse once more and remain motionless till another paroxysm. They wore grey and brown stuff, which looked like sacking—very coarse, but strong, warm, and clean; in fact, the whole place was cleanliness and order itself. On their heads were grey felt skull caps, and several were handcuffed, or rather a sort of leather tube kept their hands together in front of them, as though they were using a muff. Upon inquiry I heard that not a single patient was isolated in the establishment; only when they rave they get the “muff.” When my companion said he wished to go down amongst the madmen and distribute the tobacco, our guards made some objection, but we went; eight strong warders accompanied us, and at the entrance my companion announced in a loud voice that I was a great doctor come to see them, and that if anyone behaved at all disagreeably, I should inevitably order him to be “physicked”—a collective term, it would appear, in madhouse parlance, including terrible cold douches, leeches, terrific aperients, exhausting sweatings, and other drastic means of quieting the troubled mind. Like magic the mighty word acted on the jabbering horde, and I was astonished to see how much ratiocination remained in this sad collection of wrecked brains. Of course, all heeded it not; the drivelling idiot drivelled on, laughing and dancing around; and some, whose stony, fixed stare and set lips denoted profound melancholy or *idée fixe*, stirred not, and paid no attention. But the great majority of those who crouched around us—and not a few looked threatening and wild—at once altered their demeanour—some even prostrated themselves, and begged and sobbed not to be “physicked.” But one big, copper-coloured fellow behaved very differently. He had been standing behind, and at my friend’s announcement plunged through the crowd, towering head and shoulders above them. “Oh, madman,” he shouted in Arabic; “oh, dog, oh, filth of the high road! you would usurp my place; you would play the doctor amongst these poor wretches, when I—I,

Allah's own physician—omnipotent to kill or cure, am here!" The guards sprang forward just in time, for the giant would have proved a very tough customer; his eyes glared and the foam was at his lips. And now began the distribution of tobacco; and the guards had enough to do to prevent our being mobbed; eager claw-like hands sometimes snatched at the bundle, and were only kept in check by looking the offender calmly in the face and saying "physic." One poor devil sprang on my back and nearly strangled me, but was unceremoniously knocked off by a blow on the head from a warder. Very soon the 50 packets, each broken in two, were all gone. "You might have brought some sweets," said one man rather ungratefully to my friend; "you see, being a camel, I cannot smoke, but I love sugar." And so, promising to speak to the Sultan about one, to bring "rahat lakum" to another, to come sailing into the court and carry off a third in a monster ship, and to accept ten million piastres and a thousand slaves from yet a fourth, we made good our retreat. After this we visited wards where lay the sick; we witnessed the "physicking" of one poor fellow—he was having leeches applied to his head, whilst hot fomentations were placed on the stomach. At the sight of us he sprang up with an irresistible bound, upsetting leeches, attendants, and everything. He stopped close to us and began to tremble, and chattered something in an awful hooting voice I shall never forget. I was told he always said the same thing, which was, "The beard of the Prophet is long, but its hairs, placed on end, would not enclose the sea of blood in my head." He stood there naked, his face flushed dark red, his teeth chattering, the black leeches hanging to his brow—a ghastly sight. Next instant the attendants had recaptured him.

Need I say that we were glad to take our leave, and depart out of a place so rife with saddest sights and sounds. I may mention that we also saw a room full of boys—lads ranging from eight to fifteen—whose pitiful state was, perhaps, even more touching than that of the men. The women's department we were not allowed to visit. Two things surprised me much—the scrupulous cleanliness of everything, and the fact that no patients, even in the worst cases, are isolated—they are merely muffled as described above. There are always several guards in the courts and rooms, but accidents are not uncommon for all that; and I saw two or three injured patients who were evidently the victims either of their own mania or that of their fellow-sufferers. The great barred gates swung to behind us, and we stood in the sunshine and the afternoon breeze from the sea. It was with a feeling of

relief that we sprang into the saddle and cantered downhill to the landing-place.

**TESTS OF INSANITY.**—Frederick John Woodfield, 32 years of age, described as a clerk, was charged at the Mansion House, on remand, with threatening to shoot his father, Mr. John Samuel Woodfield, a shipping agent, at 106 Fenchurch Street.—Mr. Herbert Alder Smith, medical officer at Christ's Hospital, deposed that he had examined the prisoner, and was of opinion that his mind was very weak and unsound, and he had signed a certificate to that effect; but, having conferred with Mr. Gibson, he thought that, in a case of that kind, a second medical opinion should be had. He had examined the prisoner on various topics, and he had stated that his age was thirty-two and his father's forty-five. He could not tell the Queen's age or the number and names of her children; he was unaware who was Prime Minister, and he knew nothing of the Naval Demonstration against Turkey, though he had read the papers every day. These were a few of his statements.—The prisoner, interposing, said he had not seen the papers since he went to Newgate, and could not be expected to be up in the latest news. Moreover, he took no interest in politics, and made a point of never reading them. He protested against a medical man being sent by the Chief Clerk (whom he addressed as "Mr. Recorder") to examine him.—Dr. William Sedgwick Saunders, Medical Officer of Health for the City of London, said he had had twenty minutes' conversation with the prisoner that morning on religious, social, and political subjects, and found that his thoughts were consistent and his memory intact. He could not testify that he was of unsound mind, but he thought he ought to be under observation in the workhouse infirmary for some little time.—The Chief Clerk said the Court had no power to send him there.—Dr. Sedgwick Saunders said they did it at Guildhall Justice-room.—The Chief Clerk said, if they did, it was quite illegal.—Mr. Woodfield, the prisoner's father, said the prisoner had no means of subsistence. He had been wandering in his mind and violent for some time, but the last six months especially. Witness went in fear of him—in fact, he expected that the prisoner would be the death of him some day.—The prisoner complained that the Court had mixed up two cases most illegally. He was originally charged with threatening to shoot his father, which he denied, and now he was being made out to be of unsound mind, a calamity which he hoped would never befall him.—Sir Andrew Lusk said, looking at the very strong and pronounced opinions of Mr. Gibson and Mr. Alder Smith, and at the statement of Dr. Sedgwick



Saunders that he required to be under observation, he should send him to Stone, near Dartford.—The prisoner inquired what was Stone?—Sir Andrew Lusk said a charming and healthy place in Kent, where he would be well taken care of.—The prisoner said, at all events, he hoped he should have some good and wholesome food there. He then left the Court, and was subsequently conveyed to the City of London Lunatic Asylum at Stone.

**A MEETING TO CONSIDER THE PREVENTION OF INSANITY.**—The National Association for the Protection of the Insane held a meeting in Boston recently, which was notable in many ways. There was a large attendance, and the audience and speakers included the governor of the State and many prominent public and medical men.

The interest in the work of the Association was shown by the very full reports and comments published in the daily press. The Society has of late been receiving many new members, among whom are a dozen asylum superintendents, and two of these latter spoke at the meeting referred to. This and other facts tend to show that some impression is at last being made upon the closeness and conservatism of the Association of Insane Asylum Superintendents. The more liberal-minded in that body seem quite ready to appreciate the spirit and aims of the younger organisation.

But, while making additions to its membership in all parts of the country, the remarks at the recent meeting indicated that considerable progress had been made in exciting public interest and securing practical reform. Governor Long, in a recent message to the Massachusetts Legislature, urged a number of new measures regarding the care of the insane upon that body. Some action in the matter, especially of classifying the insane, will undoubtedly be taken. A Bill has just been prepared providing for a staff of visiting physicians to the asylums. The work which has been done in Pennsylvania, and the difficulties that have attended it, were pointed out very forcibly by Dr. Hiram Corson, trustee of the Pennsylvania State Insane Hospital, in a letter read at the Boston meeting. He says, referring to the Association of Insane Asylum Superintendents: "Your counsel would be of infinite service in aiding our efforts to counteract the selfish, pernicious influence of this Association. It may seem strange to you to hear me talk thus, but let me ask of you what reform in management of the insane has originated in that Society? What but the invention and use of closer confinement, more means of restraint and seclusion of patients, and determined resistance to the

reforms urged by philanthropists, who have witnessed how greatly they have ameliorated the miseries and contributed to the successful treatment of the insane? I will not include all superintendents in this class of hostiles. There are many noble, humane, philanthropic men among them. . . . With much effort we have succeeded in preventing this Association from having any participation in the erection of the Eastern State Hospital at Norristown, and in reorganising the hospital at Harrisburg."

One of the topics of discussion, opened by a letter from Dr. Joseph F. Parrish, was that of the etiology and prevention of insanity. Dr. Parrish referred to the fact that insanity arose so largely among a wearied and restless class in whom bodily and mental vigour were sadly disproportionate. He believed that there ought to be more institutions for the treatment of persons who are only on the border-lines of insanity, in the "crazy circle" of Crichton-Browne. Dr. H. B. Wilbur, referring to the same subject, expressed his belief that insanity depended on predisposing causes—hereditary, social, and individual—rather than on exciting causes. While our civilisation increased it, education and study did not, if applied in the proper way. Dr. Nathan Allen, speaking perhaps with the bias of a sanitarian, said that in his experience ill-health caused more insanity than any other agency. Dr. Allen and Dr. Kenniston, in a subsequent speech, asserted that intemperance was a great cause of insanity, and that any diminution in the former would equally affect the latter. Dr. W. W. Godding feared that we must accept brain disease as one of the penalties of a higher development, hinting a possible future arrest of a growth of mind aspiring to be god-like.

There were many other letters and speeches upon the above and kindred subjects. The discussions contained much that was suggestive, and the result of the meeting will undoubtedly be the giving of a fresh impulse to a cause which deserves so entirely the encouragement and support it is receiving.

The following excellent remarks are made by Dr. Beard in his "Problems of Insanity":—

**GENERAL DEFECTS OF THE PRESENT SYSTEMS OF TREATING THE INSANE.**—The main defects in the present treatment of the insane in Europe and America are these:

First: Neglect of the early stages. The best thing to do with disease is to prevent it; the next best is to cure it when it first appears; the last and least important of all is to attempt to cure its later stages; and it is with this last and least important duty that the asylums of the world are mainly

occupied. When the time comes, as it will, when physicians shall be taught in the schools and the text-books, both how to diagnose and to treat the premonitory and warning signs of insanity, then the prognosis will be helped by a great percentage, and the statistics of asylums will give, and indeed they give now, but a most imperfect picture of what therapeutics of the modern school in expert hands can do for the treatment of the insane. The practical problem of the future is, how to educate physicians in the study of insanity so that they shall know its premonitory symptoms, and treat and cure it before it appears, or just after it appears. Already they are doing this for other diseases of the nervous system; they will in time do it for insanity. Already physicians in this country, and to a limited degree also in Europe, are beginning to study neurasthenia, which is the door that opens into so many phases of mental disease, and they are beginning to treat it and cure it, and to hold it in check so that it cannot and shall not go beyond itself. The insane must be treated before they are insane; we must arrest these cases on their way to the asylum; we must seize them in the vestibule; we must snatch them away before the door closes upon them. There are a large number of cases of neurasthenia, of hysteria, and the allied disorders going on to insanity, and a large number of cases of insanity itself, as melancholia, and even mania, that can be treated, that ought to be treated, and that will be treated at home under the eye of nurses and friends in the direct and skilful charge of a family physician with the aid, if need be, of experts in the nervous system, on the same principles and by substantially the same methods as they now treat other diseases of the nervous system. Already this is being done; already our best physicians in city and country are curing insanity without thought of an asylum, and they will do this far more in the twentieth century *than now*. The problems of insanity are to be solved outside of asylums more than in them. *There is no prospect that the results of treatment with the very chronic insane will ever be very much more satisfactory than they are now.* In almost all *organic* nervous diseases of long standing the cures are not very much more numerous than they were centuries ago. Every day of delay diminishes the chances. To treat the insane after they have become insane, is like taking in sail after the cyclone is fully upon us. Three-fourths of the cases in asylums are cured in the first nine months.

Secondly. The second error in the treatment of the insane is *in depending on simple isolation*—shutting indoors and out of the sight of friends—*negative* without positive treatment. This isolation, this confinement, this restriction, this depriva-

tion of liberty is needful often, but not always; and it should never be used exclusively except in old and hopeless forms. In this respect, as in all respects, and as in all diseases, each case must be studied by and for itself in the light of general experience and on the principles of good sense. To decide this question of removal or of non-removal, it is needful to make a diagnosis not only of the patient but of the patient's friends, and of his surroundings and of the psychology of the patient himself aside from his disease; we must know what he was in health, before he was taken down; we must learn his intellectual and emotional qualities before we can tell whether the best place to treat him is without or within asylum walls. Just now there is a disposition, especially in France, but in this country also, to rely too much on seclusion or isolation alone in the treatment of neurasthenia and anemia and allied affections.

Thirdly. The third evil in the present system of the treatment of the insane, both in Europe and America, is too much use of narcotics and sleep-forcing agents. This principle of treatment is as good for insanity as it is for any other nervous disease, but it is bad for all nervous diseases. These narcotics and stupefiers—our opium and our chloral—are simply rafts on which we step in an emergency; they are not the ships on which the patient is to voyage towards health; they who depend upon them will be likely to be cast upon the breakers and never reach the shore; for such agents contain little power, or capacity for producing power; they are not tonics, but narcotics—useful, necessary, indispensable, of the highest value at certain crises. To systematically treat insanity in any of its phases, or neuralgia, or neurasthenia, or anæmia, or hysteria, or cerebral congestion, with individual exceptions, by narcotics, is not treating, but *mistreating* them, and the chief aim of the physician who understands these cases is to get them out of the need of these agents, to so renovate the nervous system that they shall not need them. That ideal, even though we fail to reach it, as we must in some cases, is the true and the only ideal in the scientific and successful treatment of diseases of the nervous system.

Fourthly. Treating curable and incurable cases together and excessive restraint; these evils are so obvious that they need no discussion. Europe and America are now protesting against them.

A very difficult practical problem of insanity is, *how to diagnose it*. In diagnosing other diseases—fevers, inflammations and local troubles of every grade—we usually have time for quiet study, and repeated visits are oftentimes expected

and needed, and there may be required also delay perhaps of days, before the physician arrives at a clear and absolute conception of the nature of the disease from which the patient is suffering; but in insanity there is oftentimes an imperative want of a diagnosis at once on the spot, and this want must be met in some cases by a physician who is a stranger to the patient, and he is expected to decide the solemn question, whether the patient is or is not insane, by a single interview, and, on the facts gained from that interview alone, is to give his certificate for commitment. There is no other disease where the diagnosis is, as a rule, made so quickly, with so little study, or where the results are so important for the patient; and there is no disease where there is a greater need of study and time in order to gain absolute certainty in the diagnosis. In the severest forms, especially in the more violent forms of insanity, the diagnosis can be made by the friends, by the neighbours, by any passer-by in the street; but in these subtler, elusive, tricky, intermittent and masked forms, that appear to be increasing in frequency in modern days, there is need of more facts and more study, and more deliberation and delay, than is possible in a single interview. In order to know whether a man is insane or not, we must know what that man is when he is sane; for conduct which is evidence of insanity in one man is simply sanity—perhaps eccentricity—in another.

The three great difficulties in the diagnosis are: (1) the determining where there is sufficient mental inco-ordination of a serious character; (2) the detection of insanity in some special directions on some particular themes, when there is perfect sanity in all others; and (3) the detection of the intermittent forms, where at times—perhaps the majority of the time—the patient is absolutely sane, having, perhaps, no recollection or suspicion of what he does or tries to do during his insane moments. There is no doubt that crimes of violence are done by persons who, at the time, are absolutely unconscious of what they are doing, and as irresponsible as a somnambulist. There is no doubt that excess in the use of certain stimulants and narcotics, as alcohol and opium, and very likely chloral, may induce a state of the brain where the condition of trance is liable to appear, which may last, perchance, for several hours or days; and while in this state the subject may commit crime, of which, on emerging from his normal state, he has no recollection.

Some very remarkable cases of this have been lately published by my friend Dr. T. D. Crothers, superintendent of the Inebriate Asylum of Hartford, Connecticut. To this form of disease I have given the term "alcoholic trance," inasmuch as

it is simply a form of trance induced by alcohol. Dr. Crothers has detailed eight cases of alcoholic trance, all of which are interesting.

In one case the patient, from his own statement, which the observation of others confirmed, would lose all consciousness, and wake, after a day or two, suddenly, the time having been to him entirely a blank; but during this interval he would carry on business as usual, his friends noticing nothing. At one time he acted as umpire at a sparring match, deciding correctly and giving satisfaction, yet had no recollection of what he did. He stated that all he remembered was, there was a proposition that he should be the umpire. This was followed by a glass of brandy, and then came a sudden forgetfulness of all events. One day he went to Rochester, drank hard, and lost all memory of what happened for three days, when he awoke in a hotel in New York. During this time he made sales and collections for his employer which were entirely correct, although he ate and drank very little. This man suddenly died of some obscure affection of the brain.

## APPOINTMENTS.

- Banks, Wm., M.B., Assistant Medical Officer, Friends' Retreat, York.
- Blakesley, H. J., M.R.C.S.E., Assistant Medical Officer to the Leicestershire and Rutland Lunatic Asylum.
- Boyd, R. J., L.R.C.P.Ed., L.R.C.S.Ed., Assistant Medical Officer to the Cambridge, Isle of Ely, and Cambridge County Asylum.
- Carre, G. E., M.B., L.R.C.S.I., Medical Superintendent of the Omagh District Lunatic Asylum.
- Compton, T. T., M.B., C.M., Junior Assistant Medical Officer to the Norfolk County Asylum.
- Field, A., M.B., C.M., Medical Superintendent of the Lunatic Asylum, and Visiting Physician of the Lazaretto, Barbadoes.
- Hall, F. G., M.B., C.M., Fourth Surgeon to the Aberdeen Royal Infirmary and Lunatic Asylum.
- Harris, F. W. H., M.R.C.S.E., Assistant Medical Officer to the Suffolk County Asylum.
- Higgins, W. H., M.B., C.M., M.R.C.S.E., Medical Superintendent of the Leicestershire and Rutland Lunatic Asylum.
- Hyslop, J., M.B., C.M., Assistant Physician to the Royal Edinburgh Asylum, Morningside.
- Jones, R., M.B., Assistant Medical Officer to the Earlswood Asylum.
- O'Meara, T. P., M.B., L.R.C.S.E., Resident Medical Superintendent of the Carlow District Lunatic Asylum.
- Pullon, G. S., M.B., C.M., Assistant Physician to the Perth District Asylum, Murthly.
- Rutherford, R. L., Assistant Medical Officer to the Devon County Asylum.
- Spence, J. B., M.D., Medical Superintendent of the Staffordshire Asylum, Burntwood, near Lichfield.
- Patton, W. J., B.A., M.B., L.R.C.S.I., Assistant Medical Officer to the Three Counties Asylum, Arlesey, Baldock.

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AND  
MENTAL PATHOLOGY.

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ART. I.—THOMAS CARLYLE VIEWED PSYCHOLOGICALLY.

A HOWL echoed from John-o'-Groat's to Land's End on the posthumous publication of the "Reminiscences of Thomas Carlyle." This cry of pain and indignation arose from those who had abruptly seen an idol which they had been accustomed to reverence as arrayed in all pomp and power and majesty, desecrated, denuded, and exposed as a coarse, rough-hewn, and somewhat unattractive block; from others who had been the fellow-worshippers with these idolaters when the object of their reverence was desecrated and broken by Iconoclasts of their own creed; and from others who, less enthusiastic in their sentiments, experienced disappointment on the premature disclosure of attributes and circumstances utterly irreconcilable with the object of their intellectual regard. Among the latter I would feel disposed to range myself, regarding Carlyle as one of the most conspicuous thinkers of our age, if not a man of exalted genius; but as further conceiving his powerful mind to be warped, unregulated, and eccentric—or, say, in some of its phases, eccentric. It would be foreign from my purpose and my feelings to do more than allude to the unseemly internecine squabble existing between his friends and relatives as to the time and mode in which his literary remains should have been brought before the public. My impression is that the author of these memorials did not intend that they should see the light unrevised, perhaps expurgated; but such as they now are, I shall, in my analysis of the lifelong mental condition of Carlyle, confine myself exclusively, almost rigidly, to the facts and illustrations which they contain; as my impression is that



the published works of Carlyle may, in many respects, be accepted as his holiday attire, elaborated and finished with extreme care and difficulty and pain, deserving the designation of the pangs of literary parturition; or that in many cases his works may be compared to his war-paint, seeing that the tomahawk and scalping-knife were more freely used than is consistent with the general character and tendencies of the writer. In employing such materials it will be absolutely essential to our purpose to quote the very words of some of the multitudinous biographers and critics in order to secure a sufficient amount of accuracy and evidence, so as to avoid the possibility of personal bias; but every effort shall be made to represent the materials provided, scanty though they be, in all kindness and sympathy as well as in philosophical discrimination. I must claim the credence as well as the indulgence of my readers as to the fidelity of the quotations and extracts which I must unavoidably introduce into the text, as the employment of references, inverted commas, &c., would prove not merely perplexing, but would utterly destroy the continuity of the statement. The paucity and the rudeness of the aspects in which Carlyle has represented himself in his "Reminiscences" may be fairly attributed to his conviction that he was merely preparing the outlines of an autobiography. But why Mr. Froude, who is a man high in culture, fine taste, and literary tact, should have permitted such an imperfect sketch, such a mere skeleton, to be obtruded upon those who admired and those who did not admire the author—even before the "wee crimson-tipped flower," the only funeral wreath that was permitted in Ecclefechan churchyard, could have "glinted" on the sage's grave—is incomprehensible.

The future sage of Chelsea was one of nine children of a stalwart, reticent, respectable, but rather repulsive yeoman, who plied in succession the trades of farm-servant, mason, and farmer, in an obscure but romantic valley in the south of Scotland. He belonged to a family possessed of great muscular strength, displaying much eccentricity, and, occasionally, the pugnacity and violent habits which characterised the borderers in the debatable land towards the close of the last century. The tide of hereditary tendencies thus originated may have been swelled by the insanity of Carlyle's mother, who was deranged for some time, removed from home, and, even after her return, spoke absurdly and incoherently. Her child was a small, large-headed boy of singular precocity, being able to speak when fifteen months old, could repeat the heads of any sermon to which he listened, at a time when such discourses were prodigiously long and prosaic, and performed many other

feats in which memory played the most conspicuous part. It is recounted that he became the pet of a village dame, who carried him much to and fro in the village, and, doubtless, imparted much of that folk-lore which was then prevalent in the district; and, from a trustworthy authority, we learn that she always regarded him as a thoughtful and studious child, who mixed little with the village children, or even with his own brothers or sisters, having a greater relish for the society of his grandfather and other grown-up people, and who was fond of roaming about the fields and hills, always with a book in his hand.

It would be rash to connect this prematurity in age and habits with the early intellectual development recorded; but, in all cases of rapid enlargement of the brain, it should be recollected that there is a tendency to irregular evolution of its various parts, to cerebral irritations of various origin, as well as with rare psychical qualities. Before reaching his eighth year, and in the marvellously brief period of three months, it is affirmed that he mastered Virgil and Horace, under the tutorship of his clergyman's son, and in such a manner as to astonish his teachers on going to school in the neighbouring village. His physical strength does not appear to have kept pace with the advancement of his knowledge. He was puny, or dwarfish, and his inferiority to his companions provoked that cruel tyranny which even boys are prone to exercise over those who are more defective or defenceless than themselves, and which inflicted upon Carlyle miseries and feelings of retaliation which were never obliterated, and which, poisoning the very fountain-head of gentleness and brotherhood, may have embittered his intercourse with many classes of his fellow-men. During his attendance in this humble academy, two events, important to him, occurred. He formed a boyish friendship with the only individual whom he seems to have sincerely and permanently loved. This was Edward Irving, who seems to have shared in his literary tastes, as well as in his patriotism, and to have preserved a certain influence over his feelings, although unfortunately not over his religious opinions, almost throughout their mutual lives, and until the preacher became first an enthusiast, then a fanatic, and ultimately a theomaniac. The utterance of Mrs. Carlyle herself is almost prophetic when she says, "It was mostly mad people who came running after Carlyle;" but although the setting sun of the career of both was obscured by gloom or positive darkness, there was neither similarity nor identification in the clouds by which they were surrounded. The second event alluded to consisted in his first tasting of the sweets of fictitious literature, most strictly prohibited by his father as

frivolous, pernicious, and profane; his introduction to this forbidden honey having consisted in securing an odd volume of "Roderick Random," and in devouring it in solitude in the fields, while his more natural schoolfellows were enjoying the boisterous attractions of the playground. He ever regarded Smollett as one of the best examples of a pure English style; and without venturing upon any disputation as to his correctness, we may conjecture that this early impression and opinion—the quaint, gloomy, transcendental theology taught him from the pulpit—as well as his subsequent devotion to the German language, may have mainly contributed to build up that obscure, involved, and parenthetical style of thought and phraseology which afterwards became habitual. His unfamiliarity with the best specimens of the poets and novelists may have prevented him from euphemising the uncouth Doric in which his tongue learned to syllabalise his thoughts; but there were other factors at work in preventing him from drawing waters in the well of "English undefiled" and in selecting new or more attractive forms of expression. The most culpable of these was an apparent antipathy and estrangement towards the classical languages, which were then and are still conceived to lay the foundations of purity and perspicacity in construction. "The minister's son was the first person that ever taught me Latin, and I am not sure but that he laid a very great curse upon me in so doing. I think it is likely I should have been a wiser man, and certainly a godlier one, if I had followed in my father's steps, and left Greek and Latin to the fools that wanted them."

This scathing, mature condemnation was uttered in despite of early proficiency and subsequent cultivation, but evidently without appreciation, or rather with a contempt for the benefits which he had himself derived from such studies. It is possible that, from his unfamiliarity with that popular literature which must have fallen under his notice, if it did not attract his admiration, and by its wide divergence from the standard which he had created for himself arose his ignorance or silence upon this subject, and that to such causes may be traced his contempt for the poets and philosophers and *littérateurs*, who adorned the age of which he was himself a prominent ornament, but whom he denounces in such terms as—"Our current literature is like our current life, made up of shams, hypocrisies, counterfeits, deceits, and lies."

Independently, or rather in addition to such considerations as explanatory of the great obtuseness or disregard of the sage towards the most sublime efforts of genius, it must be recollected that there was a radical, probably a congenital defect or inappetency

for music, painting, art, and architecture, to such an extent in reference to the latter, that, when gazing on the glories of York Cathedral, he bluntly confessed his wonder that men could collect and heap-up such piles of stones. But did he even receive impressions of beauty or sublimity from external nature? We can recollect one glance almost of inspiration when gazing down the beautiful valley of Nith from his hermitage in the wilds, where he had buried himself in order to compose a crooked travesty of his youth and early manhood, and the world in general, under the title of "Sartor Resartus"; but, in general, the light which shines in upon his consciousness, or blazes out from his imagination, is lurid, while his landscapes are volcanic, sulphureous, phlegothonic, the reflections of the pain and irritation created by dyspepsia and stomachic disease. A rainbow rarely spanned his murky cloudland; and yet the writhing hypochondriac was conscious that his one and only function in life required for its happy pursuit health and robustness. He appeared to be charmed with the pleasing aspect and arrangement of his drawing-room, created by the delicate taste or sense of comfort of his wife; but the suspicion is allowable that he valued this evening resort as much for its comfort, his squatting on the rug, his tobacco, and the presence of a good listener, as for its elegance and beauty. From his infancy a soil appears to have been preparing for the sowing of that seed which was calculated to darken and disfigure even a genial and generous disposition. If his schoolboy days at Annan were bald and barren, except in friendship, his home was equally unattractive; during his early years it was poverty almost penury-stricken, and destitute of almost all the feelings and pleasant amenities which constitute the happiness and much of the primary education of childhood. There was, indeed, one redeeming and beautifying presence which must have irradiated his budding thoughts and emotions in the love and companionship of his mother, which he seems to have treasured with religious tenacity throughout life. She confessed that she did not understand "Tam's tricks," but she evidently understood, supported, and strengthened the child, and identified herself with his inner soul; for even on the verge of life he not only often repeated her name, but bemoaned the absence of such a relationship. Yet this loved and trusted guide uttered words tantamount to a confession that her charge was somewhat refractory, violent, and unmanageable.

His father was cold and stern; and although he did not either understand or properly estimate his boy, he desired to cast him in his own iron mould. He is said to have seemed as if he were walled in; he had not the free means to unbosom

himself. It seemed as if an atmosphere of fear repelled us from him. Yet awe, or reverence, or fear, so mystified and misled the son, to whom his ambition prescribed nothing higher than husbandry or orthodoxy, that, as if under the influence of superstition, he magnified his father's attitude and qualities into a Titanic aspect, and regarded him as equal, if not superior, to that grandest of Scotland's sons, Robert Burns. This comparison, it is charitably supposed, was made before Carlyle had read, or read with discrimination, the works of the ploughman poet. This guardian attempted to bend the youthful will to his own settled purpose, but then, as subsequently, signally failed. Such divergences, perhaps, at first amounted to little more than the opposing tastes and tendencies elicited in a domestic controversy carried on by friendly antagonists around the cottage fireside on a winter's evening, recalling the family circle in the "Cotter's Saturday Night;" but they deepened and widened as life rolled on, and as its issues became graver and grander. The patriarch was inevitably disappointed that he could not inspire his son with the reverence or the holy zeal of becoming a pastor in the dissenting sect to which he belonged, or a revised covenanter, and, it might be, the shepherd of the flock, to mingle with which he weekly marshalled his numerous progeny in the bare and humble chapel where they worshipped, and where a chronic dispute was sustained as to whether blinds should be provided for the windows, having, as it was solemnly argued, the effect of shutting out light from the temple of Deity. But this disappointment engendered no niggard spirit in the parent, for, although never possessing more than £100 in his life, his scanty means enabled the aspiring genius to matriculate in the University of Edinburgh, although it is surmised the expenses of his curriculum must have been partly contributed to from private tuition. As a student he was, doubtless, industrious and hard-working, and the anecdote has been preserved that in the library he was regarded as an insatiable glutton in reading, although unfortunately the precise nature of the diet selected has not been ascertained, but it may be confidently asserted that his appetite was omnivorous. It is illustrative of the encroachment of the spirit of egoism, solitariness, and of subjective life, that during this and a subsequent period of residence in Edinburgh, comparatively little is known of his pursuits or companions. This period was marked, not merely by unremitting mental toil, but by a crisis which, it is almost certain, exercised a powerful and detrimental effect upon his constitution and character. He had been destined, perhaps from his cradle, but certainly from the domestic deliberatings and disputations of his family, to be a

minister. "But now that I had gained man's estate, I was not sure that I believed the doctrines of my father's kirk; and it was needful I should now settle it. And so I entered into my chamber and closed the door, and around me there came a trooping throng of phantasms dire from the abysmal depths of nethermost perdition. Doubt, Fear, Unbelief, Mockery, and Scorn were there, and I arose and wrestled with them in travail and agony of spirit. Whether I ate I know not; whether I slept I know not; I only know that when I came forth again it was with the direful persuasion that I was the miserable owner of a diabolical arrangement called a stomach; and I have never been free from that knowledge from that hour to this, and I suppose that I never shall be until I am laid in my grave." Other annotators have darkened this already gloomy picture, and have written that the most brilliant years of youth and early manhood were overshadowed to him by doubt as to his own vocation in life, by repugnance to the pursuits that lay before him, by dyspepsia which never left him, by despondency, by hypochondriasis. But we deeply regret to confess that this melancholy chapter in Carlyle's history is not exhausted. He not only repudiated all connection with his father's creed and church, but Irving drew from him, in the gentlest manner, the confession that he did not think as his companion did of the Christian religion, and that it was vain to expect he ever could or would.

Do we blame the still youthful philosopher for his scepticism? Should we blame the colour-blind for his inability to perceive the most luminous and beautiful rays in the spectrum? Both are mentally incapable of seeing and embracing truths which are patent, even forced upon the attention of much inferior minds. There are individuals originally so constituted that they fail to conceive a Creator or Saviour; there are others in whom such conceptions have been blotted out by disease; and still others who, labouring under mental perversity, feel antagonism for Divine truth, defy the Author of their sufferings, deny the existence of such a Being, and argue against the possibility of such an arrangement in relation to themselves. This intellectual rebellion is often encountered in forms of religious and misanthropical melancholia. Carlyle has written of his own conversion soberly, and in what appears to us appropriate language—certainly in no satirical spirit—a condition probably altogether evanescent. He addressed a long communication to Dr. Chalmers, which is vague and vapoury, realising his own or Goethe's sneer as to thinking about thinking, and which certainly leaves the subject nearly as he found it, and his own convictions hazy and undeclared. His orbit seems to have been far outside and beyond such discussions, and to have

guided him or constrained him into altitudes or abysses where the human intellectual eye could not follow, nor the human mind calculate. This gloom and confusion was doubtless the light in which he lived, the colouring imparted by his malady to the most insignificant as well as to the most sacred of the impressions made on his consciousness; but it is greatly to be lamented that this sciolist—and I hope he was nothing more—had not recorded a clear, coherent, and precise declaration of his difficulties and uncertainties of what he accepted and what he rejected, of the dogmata upon which other men rest, and has left his admirers as well as his detractors to guess at his creed, or his want of it, and to attribute his extravagances and evasions to the ramblings and ravings of alienation.

It is marvellous that, when rejecting the faith of his father, or recoiling from the forms of worship in which he participated, he did not seek for truth under some other new aspect in one of the many creeds or rituals which were accessible around. It is equally marvellous that he should have remained stolid and uninspired by the persuasiveness of external nature, by the pensive sympathy and unobtrusive piety and example of his mother, that he should not have sought, or sought ineffectually, for enlightenment or consolation from the philosophical authorities with which he must have been familiar; but, failing to draw knowledge from such sources, his mind seems to have remained a blank, and unimpressible by religious truth. He often expatiates upon profundities, immensities, eternities, employing the magniloquent sesquipedalian words, not in order to mystify his readers, but in the hope, perhaps, of deceiving himself. Some of his writings betray, in epithets and phrases, the indelibility of early religious forms of expression; but these are the relics of a former world; they are merely remembered sounds, and form no part nor portion of the inner reflecting man; indeed, that he turned from the influence of such holy memories may be suspected from the narrative that, on arriving towards evening at the door of his father's cottage, and finding from the chant of "Plaintive Martyrs," or some equally familiar sound from within, that the family was engaged in worship, he did not join them, nor kneel in humble reverence, at least, of early teaching by those who in all sincerity and simplicity, if not in wisdom, had attempted to train his childish mind to the conception that there was a Being outside mind, to the conception that there was a Being outside himself, above himself, more powerful than himself, and, so far as his thoughts or even imagination could reach, omnipotent.

But we are disposed to find, in the terrible religious cataclysm incorporated with his autobiography, other results than mere

infidelity, or, to use a softer term, intellectual doubt and darkness. We imagine that his whole nature underwent a change, not assuredly sudden nor rapid, but that long-continued affections of the digestive and nutritive organs, although compatible with life and energy and lucidity in certain departments of cogitation, must have sapped and altered the foundations of his original intellectual constitution, and have eventuated in phenomena which may not have been connected in the opinions of those most interested in his career, but are in ours, with the working and fruits of his studies, his supposed discoveries in ethica, and must have exercised an enormous power over every process of ratiocination or reverie in which he engaged, and in imparting not merely acrimony and jealousy to the disposition with which he viewed all surrounding objects, and even in causing a deviation from that course of investigation in which a healthier judgment or imagination would have prosecuted research.

Traces of acidity and ungeniality may be noticed, even on his own confession, in early years; but it was not until Valetudinarianism had penetrated deeply into his system that the revolution occurred which altered the current and course of his thoughts, and even modes of expression, in which he became the Ishmael of literature, and, Titan like, hurled his rocks and club against the serene sky of consecrated usages, beliefs, and hopes, proclaiming everything, save his own rather obscure interpretation, to be sham and shoddy. While resident in Edinburgh, his first literary efforts appear to have been contributions to the *Encyclopædia*, a translation from a French mathematical work, and a poem of creditable merit. His next advance was in the publication of three articles, entitled "Burns," "Thomson," and "Characteristics," so clear, clever, and consequential, as to render it difficult to suppose that they were the production of the hand who wrote "Sartor Resartus." With exceptions of "Wilhelm Meister" and his "History of the French Revolution," all his subsequent works are characterised by the features which we shall subsequently investigate. The former book was enthusiastically received, perhaps because it discovered to English readers new modes of thinking, and an introduction to new thinkers. The latter work has been stigmatised as a rhapsody, which, however, contains many passages of brilliancy and force, scenes in which the figures are artistically grouped, as well as boldly drawn; but it rarely condescends to plain narrative or unimpassioned estimate of character; it is unlike history; and, lastly, had it not been preceded by narratives descriptive of the actual places, personages, and transactions of the period, it could not have been comprehended at all. In the northern metropolis he was the friend



and *protégé* of Jeffrey and Brewster. They fed both his love of distinction and his larder; but it is inexplicable that he should have formed so few intimacies or connections with the crowds of poets, philosophers, wits, and wise men, who at that epoch secured and justified the appellation to Auld Reekie of the Modern Athens. It may be conjectured that politics or personal peculiarities might have shut out Carlyle from Blackwood's coterie or the Parliament House; but his isolation in the very centre of authorship is difficult to understand. From this stage in his progress a very discernible change in his composition in many of his convictions, and, in all probability, in his relations to society, may be noticed, nearly contemporaneous, it should be marked, with the aggravation of his stomachic malady and nervous irritability, and his retirement to the highlands of Dumfriesshire, where he engaged in the elaboration of that uncouth metaphysical romance, "*Sartor Resartus*," which probably he approached with the same sense of loathing and compunction that attended his embodiment of his more pretentious historical works. Here likewise commenced the evolution of what has been epigrammatically styled the "*Mirage Philosophy*," as implied to the melancholy impressions of dust, rags, shabbiness, mildew, and cobwebs inhabited by monstrous spiders, which constantly crossed Carlyle's imagination, and which must, even to a cheerful nature, which he was not, inevitably have caught a sympathetically mournful, if not dreary hue. It is confessed that this and multiform ideas of the same kind were derived from the transcendental philosophy of Fichte, which is—

"That all things which we see or work with in this earth, especially we ourselves and all persons, are as a kind of vesture or sensuous appearance; that under all these lies, as the essence of them, what he calls the Divine Idea of the World; that is, the reality which lies at the bottom of all appearance. To the mass of men, no such Divine Idea is recognisable in the world; they live merely," says Fichte, "among the superficialities, practicalities, and shows of the world, not dreaming that there is anything divine under them."

Such sentences as this, where the sense is evasive, or where the meaning escapes our penetration, justify the impression that when we find, as we sometimes do, that the style continues while the thinking is left out, the marvel becomes a prodigy or an incoherence.

The author has often written so metaphorically and elliptically that the fault may be ours in failing to distinguish between what is a mere flourish of rhetoric, a truth, or, to use Mr. Froude's word, a delirium.

Some time since, and in this Series (Vol. IV., No. 2), we preferred, to a description of the mental delirium or logodiarrhœa to which the self-suicidal Coleridge had reduced himself by his psychical habitudes or physical habits, to quote a portion of his writings, and this course was adopted on the suggestion or rather by the aid of Carlyle. There was in the extract no positive incoherence and but slight inconsequentiality, but the power of constructing lucid and logical statements seemed to have escaped the writer, who was carried on blindly and blunderingly through mazes of words which it was impossible to unravel and to a point which vanished into thin air. This analysis is in a measure applicable to the following extracts from Carlyle, and which have been cited by his critic as an illustration of imaginative power and inconsistency :—

“Truly it may be said the Divinity has withdrawn from the earth, or veils Himself in that wide-wasting whirlwind of a departing era, wherein the fewest can discern His goings. Not Godhead, but an iron ignoble circle of necessity embraces all things: binds the youth of these times into a sluggard, or else exasperates him into a rebel. Heroic action is paralysed, for what worth now remains unquestionable with him?”

And again :

“His melodious stanza, which he cannot bear to see halt in any syllable, is a rough fact reduced to order; fact made to stand firm on its feet, with the world-rocks under it, and looking free towards all the winds and all the stars. He goes about suppressing platitudes, ripping off futilities, turning deceptions inside out. The realm of Disorder, which is unveracity, Unreality, what we call Chaos, has no fiercer enemy. Honest soul! and he seemed to himself such a stupid fellow often: no tongue learning at all; little capable to give a reason for the faith that was in him. He cannot argue in articulate logic, only in inarticulate bellowings or worse. He must do a thing, leave it undemonstrated; once done, it will itself tell what kind of thing it is by-and-by. Men of genius have a hard time, I perceive, whether born on the throne or off it, and must expect contradictions next to unendurable, the plurality of blockheads being so extreme.”

These revelations may be prophetic, or mystic, or thaumaturgic, but to the perception of the vulgar and uninspired votary they sound very like un consequential rodomontade.

These paragraphs are not paraded as proof of the failing faculties of the sage, for we believe they were written in his meridian, but testify strongly to that involution or perplexity of illustration which was, or might be, a forerunner of the feeble, parenthetical, often absurd phraseology, traceable in the

"Reminiscences" of his wife. It would have been as easy to have washed an Ethiopian white as to convert Carlyle to the familiar and classical language of English literature. An analyst of his mode of composition has epigrammatised it as the eccentric exponent of eccentricity. He treats as unintelligible what he did not give himself the trouble to understand, and thinks he has disposed of the population principle by fostering a senseless prejudice against it, and of the Utilitarian philosophy by calling Bentham a bore of the first magnitude. He did not write English, but badly-translated German—a peculiarity engrafted perhaps on his mind after maturity had been reached, but undoubtedly intensified by that torture, those agonised convulsive throes, to which he subjected his reasoning or his emotions during the process of composition. His constant recourse to pet epithets, nicknames, or cant phrases, such as "the little Kaiser in the red stockings," greatly deform and obscure his writings, and give rise to the suspicion either that he is laughing in his sleeve at his readers, as when describing his most admired production as play-acting or prophecy; or that this habit may have been assimilated to that iteration of words or syllables so often observed in the soliloquies of those who are partially deranged. This act may have been voluntary, but it certainly had a morbid origin. But, although reluctant to detect in his style in declining years indications of growing imbecility, except in the instance alluded to, there are other indications, and these of a more painful character, of perverted feeling and unfair judgments connected with his decline. An able apologist, even champion of Carlyle, who has entered the lists in order to denounce Mr. Froude for having published the "Reminiscences" at all, or at all events without deletion, expurgation, and rearrangement, reveals that even in her estimation he had passed into second childhood, that his utterances were those of a mind diseased. His works and composition betray mental decay and unvarying peevishness, and, viewed as a whole, his deportment latterly was that of a diseased state of mind. There is another count added to this sad indictment when the enfeebled octogenarian is accused of ingratitude, of profaning and abusing the hospitality and friendship of those who conferred upon him benefits as well as protection or patronage. But while it must be confessed that a loss of the higher and purer feelings often accompanies the decline of life, and while we would prefer to any other supposition the theory of even a contemner of Carlyle, that he was not himself when he felt and acted thus, it would be unjustifiable to omit this forgetfulness of obligations and kindness from the symptoms of actual disease.

But while octogenarianism may be admitted as a factor of the painful manifestations to which I am hastening, it cannot be concealed that many of these denunciations occurred when he was in the vigour of manhood, or in such vigour as his constitution ever possessed, and that no excuse nor explanation of their occurrence can be discovered except in his rudeness, churlishness, ill-temper, or in the writhing of local pain or the bitter feelings of retaliation on all around indiscriminately, which sometimes ascend from the *cœnesthesis* to the subversion or perversion of the sentiments and higher emotions. It has been questioned whether he was not suffering under some chronic malady, moral or physical, which might have swayed him in his own despoite; and it might be surmised that the discomforts of his social position engendered a general feeling of discontent, self-absorption, and retreat from the world as it was; and that throughout his career there was much to contract his range of thought, and to concentrate his thoughts and feelings upon himself and his doings and sayings so as to render his faculties at last altogether incapable of embracing a wide scope of nature and of man, and even to impart a vague hostility against everything and every person around. The virulent caricatures of those who occupied the same level as he on the world's platform, or had been elevated to a more distinguished place, or of his own familiar friends, consisted in detractions and defamations of various kinds and degrees, which must be grouped together in order to present some conception of the general unhealthy tone of mind which prevailed. There is not, in fact, in all the wild waste or chaos of the world which he has painted, one spot upon which the dove, or rather more correctly the raven, could have rested a foot. He attacks Jeffrey with a degree of malignity not commonly addressed even to benefactors; he sets down Lamartine as a grimacing caricaturist; Thiers as superior to Lamartine, but unfaithful and unscrupulous as a writer; and Guizot as cadaverous, undecided, and as perhaps believing in the resurrection of Louis Philippe; whilst he huddles together De Quincey, Procter, Adam Smith, Malthus, Bentham, Howard, and Clarkson as having no human stuff in them because they did not make their way by force. Of the gentle, genial, exquisitely witty, though unfortunate, Charles Lamb, he dares to assert that he was a poor thing with an insuperable proclivity to gin, with a talk contemptuously small, a ghastly make-belief of wit, more like diluted insanity, usually ill-mannered. Of Wordsworth he says, with what may be accepted as forbearance, that he wrote poetry in a sort of limpid way; and as a hard-tempered, rather dull, unproductive, and almost wearisome kind of man. He depicts the gallant and romantic Shelley as a

ghastly object, colourless, pallid, without health or warmth or vigour. The noble, whole-hearted Southey appears to have secured his sympathies, or a ray from them, less by the multiplicity and grandeur of his gifts of genius than by some accidental coincidence and compatibility in political or philosophical discussion, but one, and that the most saintly, member of his family was assailed. The patriotic Hampden he did not like. The philanthropic Wilberforce, recognised by world-wide fame as humane and heroic, he calumniates as the famous nigger-philanthropist, drawing-room Christian, and busy-man and politician; but yet the unfortunate obliquities of this sufferer's moral perceptions were such that he could praise Mirabeau, the worst product from the caldron of the French Revolution; he could dote on and dally with the mad Frederick as well as the bad Frederick, and could almost beatify Cromwell. Even the females of his circle of intimates do not escape from misconstruction and misrepresentation. Even the kind and courtly Mrs. Montagu is spoken of sarcastically; Jeffrey's daughter is harshly treated; the wife of his dear friend Irving is described as diseased and deformed—a calumny which has provoked controversy, in which the epithets malevolence, wanton misstatement, and cruelty are ventured upon with a rash forgetfulness of the peculiar infirmities of the maligner. It would be fatiguing to load these pages by swelling this catalogue with more than the names of those who have been perpetuated by sneers or faint praise in what may be styled the Carlyle literature: Leigh Hunt, Bookseller Tait, Allan Cunningham, Old Lady Holland, whom he describes as a kind of hungry ornamented witch looking over him with carnivorous views, the patriots Hampden, Elliot, and Pym, Sir W. Molesworth, Mazzini, Mrs. Taylor, Harriet Martineau.

There are certain marked periods in a life at which new mental qualities or phases come into prominence. These are puberty, the decline of vigour, and vivacity. It has been observed that, when we attain the stage when manhood merges into age, the watershed of mental existence, as it may be called, certain incompatibilities, contrarieties, irritabilities, exercise a power over the individual and all surroundings hitherto unnoticed, even unsuspected. Might not this be the case with Carlyle? or might not—we utter it reverently—a similar constitutional change have occurred in his companion—or, again, it may have been that the hitherto gentle, discriminating, dutiful, almost worshipping companion, who had idolised, who had spoiled the sage with whom she had been associated; while, offering her adulation or adoration on the shrine or in the measure which he was accustomed to receive from his own family, showed

less reciprocity than she had been accustomed to do in youth and during the growth or maturity of the sturdy and summer affections and passions, and thus estrangement may have sprung up. One who loved her, and painted her in glowing and generous colours, writes:—

“She for her part—let us not be misunderstood in saying so—contemplated him, her great companion in life, with a certain humorous curiosity, not untinged with affectionate contempt and wonder that a creature so big should be at the same time so little, such a giant and commanding genius with all the same so many babyish weaknesses, for which she liked him all the better.

“We never marry our first love, it has been speculated; it is highly possible that in every romantic conjugal tie the contact is with an abstraction and not with the human member of the union. It may have happened that, as time wore on, and as mental infirmity increased, the gigantic baby may have found in his wife less a companion than a critic, less a minister to his wants and wishes than an observer of much that she loved or pitied or palliated, but could not justify or admire. There is no harder task than to watch over the daily wants, real and imaginary, for a man of genius cursed with a bad digestion, intolerant of the slightest noise (for to Carlyle the cocks and hens in his neighbours’ yard were demon fowls), irritated by contradiction and of an atrabilious temperament. In this case these sources of vexation would be greatly exaggerated by the labour and annoyance which seems to have attended the act of composition. On joining his patient admirer after a day of toil, and possibly after disturbing and distracting the feeble, if not dying, woman by incessant narratives of obscure battles, he describes his way of working during his season of labour, and his long wrestling, thirteen years and more, with the Friedrich nightmare affair, and the disgust and loathing his efforts had inspired, during which he seemed to have suspended, or in great measure avoided, all except obligatory intercourse and correspondence.

The episode devoted to a memorial of his wife may be regarded, according as it is accepted, as a maudlin, maundering, or morbid monody, replete with epithets of affection or ill-judged fragmentary incoherences, or puerilities, such boyish endearments occurring 133 times in 235 pages, rather than with expressions of the manly sorrow of a stricken heart. Or it may be interpreted as an outpouring of compunction, as an offering to the manes or memory of one whom he had failed sufficiently to appreciate, with whom he had stood in relation of coldness and estrangement rather than of genial affection. Or there may

be found in its pages glimpses of nature, a genuine regret for an amiable and worshipping companion whom he had lost for a support and succour, ever present to minister to his wants and weakness, mingled with much that is painful, unseemly, and extravagant. It must, however, be remembered that the Paper was written when the shadows of evening were gathering around a troubled and shattered life, and when his habitual malady may have shaken the frame to its very centre. Years before the final close of life, and when able to mingle with friends and relatives, and when soothed and strengthened by the affection and judicious influence flowing from these sources, he complained to a medical man of great irritability and *per vigilium*, that heritage and penalty of an active and ardent brain, and that after the short sleep which had been secured by long exposure to the open air, he felt as if a thousand devils were gnawing his heart. We shall allow a lenient and laudatory intimate to depict the sad lineaments of his declining days: "‘They will not understand that it is death I want.’ Then he told me of the weakness that had come over him, the failing of age in all his limbs and faculties, and quoted the psalm (in that version which we Scots are born to):

Threescore and ten years do sum up  
Our days and years, we see,  
And if, by reason of more strength,  
In some fourscore they be;  
Yet doth the strength of such old men  
But grief and labour prove —

Neither he nor I could remember the next two lines, which are harsh enough, Heaven knows; and then he burst forth suddenly into one of those unsteady laughs. ‘It is a mother I want,’ he said with mournful humour; the pathetic incongruity amused his fancy, and yet it was so true. The time had come when another should gird him and carry him often where he would not. Had it been but possible to have a mother to care for that final childhood!”

“The first sight I had of him, after his wife’s death, was in her drawing-room, where, while she lived, he was little visible except in the evening to chance visitors. . . . He was seated, not in any familiar corner, but with the forlornest unaccustomedness in the middle of it, as if to show by harsh symbols how entirely all customs were broken for him. He began to talk of her, as if the one subject of which his mind was full, with a sort of subdued, half-bitter brag of satisfaction in the fact that her choice of him, so troublesome a partner, so poor, had been justified before all men, and herself proved right after all in her

opinion of him which she had upheld against all objections; from which, curiously enough, his mind passed to the mythical, as he calls it, to those early legends of childhood. . . . With that pathetic broken laugh, and the gleam of restless, feverish pain in his eyes, he began to tell of this childish incident; how his wife had been carried to the ball in a clothes-basket, perhaps the loveliest little fairy that was on the earth at the time. The contrast of the old man's already tottering and feeble frame, his weather-beaten and worn countenance, agitated by the restless grief and the suggestion of this loveliest little fairy, was as pathetic as can be conceived, especially with the laugh of emotion that accompanied it. . . . His old wife was still so fair to him, even across the straits of death—had returned indeed into everlasting youth. . . . When there was reference to the circumstances of her death, so tragical and sudden, it was with bitter wrath, yet wondering awe, of such a contemptible reason for so great an event."

We shall not further penetrate into the solemn and sacred gloom which should surround the expiring energies of this great man, but shall leave to Mr. Froude to withdraw the veil which we, with a sense of relief, allow to fall.

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The following works have been read and reread in the construction of the foregoing analysis :

- Reminiscences.* By Thomas Carlyle. Edited by Anthony Froude, in 2 vols., 1881.  
*Thomas Carlyle: The Man and his Books.* By Wm. Howie Wylie, 1881.  
*Thomas Carlyle: The Iconoclast of Modern Shams.* By Rev. J. Wilson, M.A. Albany, 1881.  
*Thomas Carlyle.* An Essay. By General Sir E. B. Hamley, 1881.  
*The Athenæum*, Nos. 2,785, 2,786, 2,790.  
*Macmillan's Magazine*, April 1881. (Mrs. Oliphant.)  
*Quarterly Review*, July 1881.  
*Edinburgh Review*, July 1881.  
*Contemporary Review*, June 1881. (Miss Wedgewood.)  
*Nineteenth Century*, June 1881. (Taylor.)  
" " " July 1881. (Froude), &c., &c.  
*British Quarterly Review*, July 1881. (Larkin.)



ART. II.—LUNACY IN ENGLAND. (*England's Irren-Wesen.*)

The Address read at the opening of Section VIII. Mental Diseases of the International Medical Congress, by C. Lockhart Robertson, M.D., Cantab., F.R.C.P., Lord Chancellor's Visitor in Lunacy, President of the Section.

GENTLEMEN,—In now opening the eighth section of this great International Medical Congress, and in offering to the alienists of Europe and America our cordial welcome to London, I must ask leave to explain to you that it is only by the accident of official position as senior physician to the Lord Chancellor, who, under the Royal prerogative and by statute, has in England the guardianship of all lunatics and persons of unsound mind, that I occupy to-day this presidential chair. But for the desire of the Executive Committee thus to recognise the paramount authority of the Lord Chancellor in our department of medicine; I cannot doubt that the place I now fill would have been allotted to our most distinguished English writer on lunacy, Dr. J. C. Bucknill, one of the vice-presidents of this Congress, whose writings and whose name are a household word in all the asylums where the English tongue is spoken. Called from my official position rather than on personal fitness to preside in this section, I may the more venture to ask at your hands a generous interpretation of my efforts, so to guide your deliberations here that they may advance the science and practice of this department of medicine in which we are all enrolled.

I think I shall best use this occasion by laying before you a brief statement of the present condition of the insane in England, and of the manner and method of their care and treatment. In the German tongue the word *Irren-Wesen* exactly expresses the subject of this address.

The number of the insane in England of whom we have official cognisance is about 71,000, being in the ratio of 27·9 per 10,000, or 1 in 350, of the population. Of these no less than 63,500 are paupers chargeable to the rates and maintained at the cost of the community. The remaining 7,600 are private patients, whose means vary from £50 to £50,000 a year, much the larger number being nearer £50, for insanity necessarily tends, by arresting the power of production, to the impoverishment of its subjects. Thus, of the total of the insane in England, 90 per cent. are paupers maintained at the

public cost, and 10 per cent. only are kept by their own resources.

There has, since the passing of the Lunacy Act of 1845, been a great yearly increase in the registered numbers of the insane, an increase chiefly if not solely among the pauper class, which admits of satisfactory explanation, as I have elsewhere\* endeavoured to show, without accepting the popular fallacy of an increase of insanity; a theory which, if carried to its logical conclusion, leads us to the result that as the registered lunatics in 1845 were as 1 to 800 of the population, while in 1880 they stand, as I have just stated, as 1 to 350, therefore lunacy in England has more than doubled during the last thirty years, which is a manifest fallacy. I only regret that my present limits preclude farther reference to this interesting problem.†

My first table exhibits the number of the insane in England, with their place of residence and their proportion to the population in the decenniums 1860, 1870, and 1880. This table shows that the total registered number of the insane has risen from 38,000 in 1860, to 71,000 in 1880, and the ratio to the population from 19·1 per 10,000 to 27·9. It is evident from my figures that this increase is mainly in the pauper class. The private patients in 1860 numbered 5,065, in 1880 they were 7,620, and their ratio to the population 2·5 and 2·9 respectively, an increase of ·4 only, as compared with the increase of 8·8 among the pauper lunatics, on each 10,000 of the population.

TABLE I.

*Showing the number of Lunatics in England and Wales in the several decenniums 1860, 1870, 1880, with their Place of Residence and their Proportion to the Population.*

Where detained (Place of Residence)	1860			1870			1880		
	Private	Pauper	Total	Private	Pauper	Total	Private	Pauper	Total
In Public Asylums .	2,000	17,442	19,442	2,780	28,229	31,009	3,754	39,986	43,730
In Private Asylums .	2,948	1,352	4,300	3,144	1,760	4,904	3,398	1,141	4,549
In Workhouses . .	None	8,219	8,219	None	11,358	11,358	None	16,464	16,464
In Private Dwellings	117	5,980	6,097	356	7,086	7,442	468	5,980	6,448
Totals . . .	5,065	32,003	38,068	6,280	48,433	54,713	7,620	68,571	71,191
Ratio per 10,000 of the population }	2·54	16·58	19·12	2·79	21·52	24·31	2·99	24·95	27·94

\* *The alleged Increase of Lunacy*, Journal of Mental Science, April 1869. *A Farther Note on the alleged Increase of Lunacy*, Journal of Mental Science, January 1871.

† In the Report of the Scotch Commissioners in Lunacy for 1880, this question

Table II. gives the distribution per cent. of the 71,000 registered lunatics in England and Wales, and I have here contrasted the same with that of the 10,000 lunatics registered in Scotland.

TABLE II.

*Showing the Distribution per cent. of all Lunatics in England and Wales and in Scotland in 1880 (January 1st).*

—	DISTRIBUTION PER CENT.					
	In England and Wales			In Scotland		
	Private	Pauper	Total	Private	Pauper	Total
In Public Asylums*.	5.0	56.5	61.5	14.6	61.0	75.6
In Private Asylums†	5.0	1.5	6.5	1.6	None	1.6
In Workhouses‡ . .	None	23.0	23.0	None	7.0	7.0
In Private Dwellings§	.5	8.5	9.0	1.1	14.7	15.8
Total . . .	—	—	100	—	—	100

Table II. is interesting as contrasting the total distribution of lunacy in England with that of Scotland. In England 61.5 per cent. of the lunacy of the country is maintained in the public asylums. In Scotland it reaches 75.6 per cent., while, on the other hand, the proportion of patients in private asylums is 6.5 per cent. in England as against 1.6 in Scotland. In England 9 per cent. only of all lunatics are placed for care in private dwellings; in Scotland the proportion rises to 15.8. In England we have 23 per cent. in workhouses; in Scotland there are only 7 per cent.

Table III. gives the relative distribution per cent. of private and pauper lunatics respectively in England and Wales, and in Scotland.

of the apparent increase of insanity is ably discussed, and dealt with in a careful statistical inquiry. I can only here give their conclusion:—"We have frequently pointed out that the difference in these rates of increase is not necessarily due to an increasing amount of mental disease, but is probably due in a large measure to what is only an increasing readiness to place persons as lunatics in establishments."

\* Including County and District asylums and Scotch Parochial asylums, lunatic hospitals and Scotch chartered asylums, naval, military, and East India asylums, Idiot asylums, Broadmoor Criminal Asylum, and Perth Prison wards.

† Including provincial and metropolitan licensed houses.

‡ Including the metropolitan district asylums.

§ Including 208 Chancery lunatics residing in the private houses of "the committee of the person."

TABLE III.

*Showing the Distribution per cent. on their several Numbers of the Private and Pauper Lunatics respectively in England and Wales and in Scotland in 1880.*

Where Maintained.	DISTRIBUTION PER CENT.			
	In England and Wales.		In Scotland.	
	Private.	Pauper.	Private.	Pauper.
In Public Asylums . . . . .	49·0	63 0	84·0	73·7
In Private Asylums . . . . .	43·0	1·6	9·5	None
In Workhouses . . . . .	None	26·0	None	8·5
In Private Dwellings . . . . .	8·0	9·4	6·5	17·8
Total . . . . .	100	100	100	100

Table III. brings strikingly before us the existing difference in the method of care and treatment of the insane in the two kingdoms. In England 43 per cent. of the private patients are in private asylums, while in Scotland the proportion is 9·5 only. The public asylums, on the other hand, have 84 per cent. of the Scotch private patients under treatment as against 49 in England. In England, owing to the traditional preference of the Court of Chancery for private dwellings for the care of its wards, we find the proportion of patients so placed stands as 8 to 6·5 in Scotland, while with pauper lunatics these figures are reversed, the proportion in England being 9·4 as contrasted with 17·8 in Scotland.

#### I. PUBLIC ASYLUMS.

There are 43,700 patients in the public asylums of England, or 60·5 per cent. of the whole lunacy of the country. Of these 40,000 are pauper lunatics, and 3,700 are private patients. The former are maintained in the county and borough asylums, the latter are divided between these and the registered lunatic hospitals.

(a) *County and Borough Asylums.*—The county and borough asylums of England,\* sixty in number, contain 40,000

\* A return was ordered by the House of Commons to be printed August 14, 1878, of the cost of construction of each of the county asylums, the number of beds, the annual and weekly maintenance rate, the percentage of recoveries, deaths, &c. Unfortunately it has been, as regards England, carelessly prepared, and no abstract or summary of its contents or averages are given. It is impossible to make out

beds, varying from 2,000 to 250. They have been built and are administered under the provisions of the Lunacy Act of 1845. The average cost per bed has been under £200; the weekly maintenance of each patient is 10s., to which must be added the interest on the cost of construction and the yearly repairs of the asylum, which are borne by the county rate, bringing the yearly cost for each pauper lunatic maintained in the county asylums to nearly £40.

The government of the English county asylums is entrusted, by the Lunacy Act, 1845, to a committee of the justices of the peace, under the control of the Secretary of State for the Home Department. The administration is in the hands of the resident medical superintendent. A yearly inspection of the asylum is made by the Commissioners in Lunacy, and a yearly medical and financial report is presented by the committee and medical superintendent to the quarter sessions, and published.

The proportion of cures (discharged recovered) in the county and borough asylums in the last decennium, 1870-80, was 40·28 per cent. on the admissions, and the mortality 10·59 on the mean population. In Scotland, during the same period, the recoveries were 41·6, and the deaths 8. The only private patients admissible under the statute are those bordering on pauperism, and whom the law requires, as to classification, diet, clothing, &c., to be treated as the paupers. Herein the English county asylums differ from those on the continent of Europe and in America, where alike, and I think most wisely, special and often excellent provision exists for the care and treatment of private patients. At the public asylums near Rouen, at Rome, at Munich, and at Utica, in the States, I have seen extremely good accommodation provided for private patients.

In Mr. Dillwyn's Lunacy Law Amendment Bill, 1881, which was read a second time on May 25, but has since been withdrawn for this session, there was a clause (section 4) enabling the visitors of county asylums to provide there suitable accommodation, by additional buildings or otherwise, for private patients. I regard this proposal as one of the most important reforms, since the Lunacy Act of 1845, in the treatment of the insane of the middle class, providing as it would for the small ratepayers, at a cost within their means, such care and treatment as they cannot obtain in the cheaper private asylums, where the

clearly in which asylums the yearly repairs are included in the total cost of construction, and in which they are omitted. The quarter sessions of Warwickshire have made no return at all! In contrast, in the same Parliamentary paper, stand the clear tables and summary relating to the public asylums of Scotland. From the English return we can only gather an approximate estimate of the cost of construction, amount of land, salaries, cures, &c., no averages being given.

accommodation and comfort are absolutely below that of the county asylums, not to refer to the superior acquirements of the medical superintendents of the latter.

I do not feel called upon from this chair (nor does time admit) to enforce and illustrate the now incontestable superiority of public asylums, even in a financial point, for the curative treatment of the insane poor as contrasted with the private licensed houses, to which, before the Act of 1845, they were farmed out by their respective parishes. "Our present business is to affirm that poor lunatics ought to be maintained at the public charge. I entertain myself a very decided opinion that none of any class should be received for profit; but all I hope will agree that paupers, at any rate, should not be the objects of financial speculation." These words, spoken by Lord Shaftesbury in the House of Commons when he introduced the Lunacy Act of 1845 (the Magna Charta of the insane poor), settled this question once for all. Whose voice will speak similar words of comfort and healing to the insane of the upper and middle classes, and declare with authority which shall no longer be questioned, "that all insane captives whose freedom would not be dangerous should be liberated, and those who remain be surrounded with every safeguard of disinterestedness, humanity, and public responsibility"?

In here recording the success which has attended the Act of 1845—a success that led my friend Dr. Paget, in his Harveian Oration, to call the sight of one of our English county asylums "the most blessed manifestation of true civilisation that the world can present,"—I cannot refrain from adding a word of tribute to the memory of my revered friend John Conolly, whose work of freeing the insane from mechanical restraint, and of thereby founding our English school of psychological medicine, preceded the legislation promoted by the Earl of Shaftesbury, and ensured the success of these enactments.\*

\* In June, 1839, Dr. Conolly was appointed resident physician at Hanwell. In September he had abolished all mechanical restraints. The experiment was a trying one, for this great asylum contained 800 patients. But the experiment was successful; and continued experience proved incontestably that in a well-ordered asylum the use even of the strait-waistcoat might be entirely discarded. Dr. Conolly went further than this. He maintained that such restraints are in all cases positively injurious, that their use is utterly inconsistent with a good system of treatment; and that, on the contrary, the absence of all such restraints is naturally and necessarily associated with treatment such as that of lunatics ought to be, one which substitutes mental for bodily control, and is governed in all its details by the purpose of preventing mental excitement, or of soothing it before it bursts out into violence. He urged this with feeling and persuasive eloquence, and gave in proof of it the results of his own experiment at Hanwell. For, from the time that all mechanical restraints were abolished, the occurrence of frantic behaviour among the lunatics became less and less frequent. Thus did the experiments of Charlesworth and Conolly confirm the principles of treatment

Dr. Conolly's four annual reports of the County Lunatic Asylum at Hanwell for 1839, '40, '41, '42, still form the groundwork of our treatment of the insane poor in the English county asylums, while these asylums themselves—whose fame, I may be permitted to say, based as it is on the successful application of the English non-restraint system, has gone forth into the whole civilised world, and brought rescue to the most suffering and degraded of our race—stand throughout this fair land imperishable monuments of the statesman to whom they owe their origin, and of the physician who asserted the great principle on which the treatment within their walls is founded.

"The system as now established," Dr. Conolly writes, "will form no unimportant chapter in the history of medicine in relation to disorders of the mind. It has been carried into practical effect in an intellectual and practical age, unostentatiously, gradually, and carefully, and is, I trust, destined to endure as long as science continues to be pursued with a love of truth and a regard for the welfare of man." \*

We have made arrangements whereby you will have the opportunity of visiting and inspecting two of the best of the English county asylums, that for Sussex at Haywards Heath, and for Surrey at Brookwood; the State Asylum for Criminal Lunatics at Broadmoor, as also the four great metropolitan asylums, with a joint population of 6,600 lunatics, at Hanwell, Colney Hatch, Banstead, and Wandsworth. There has since the Lunacy Act of 1845 been a steady increase in the number of pauper lunatics placed in the county asylums. In 1860 the proportion was 57 per cent., in 1870 it rose to 61 per cent., and in 1880 it was nearly 65 per cent. of their number. I think this continued increase is most injurious alike to the insane poor and to the due administration of the county asylums. The accumulation in such large numbers of harmless and incurable lunatics in these costly asylums is, moreover, a needless burden on the rates.

We may now, with an experience of thirty-five years, assert

inaugurated by Daquin and Pinel; and prove that the best guide to the treatment of lunatics is to be found in the dictates of an enlightened and refined benevolence. And so the progress of science, by way of experiment, has led men to rules of practice nearer and nearer to the teachings of Christianity. To my eyes a pauper lunatic asylum, such as may now be seen in our English counties, with its pleasant grounds, its airy and cleanly wards, its many comforts, and wise and kindly superintendence, provided for those whose lot it is to bear the double burden of poverty and mental derangement—I say this sight is to me the most blessed manifestation of true civilisation that the world can present."—*The Harveian Oration, 1866, by George E. Paget, M.D. Cantab., Regius Professor of Medicine in the University of Cambridge.*

\* "The Treatment of the Insane without Mechanical Restraint," by John Conolly, M.D. Edin., D.C.L. London: Smith, Elder, & Co. 1856.

that the utmost limits within which the county asylum can benefit or is needed for the treatment of the insane poor is 50 per cent. of their number,\* and that a further accumulation of lunatics there serves no practical purpose, and hence is an unjustifiable waste of public money. The workhouses contain 16,500 pauper lunatics, or 26 per cent. of their number. A recent statute facilitates the adaptation of wards in the county workhouses† for the reception of lunatics; and if these arrangements were properly carried out, I think another 14 per cent., or 40 per cent. of the incurable and harmless pauper lunatics and idiots, might be provided for in the workhouses. That this is no fancy estimate I may quote the parish of Brighton, long distinguished for its wise and liberal administration of the Poor-law, which has already 36 per cent. of its insane poor in the workhouse wards, and 55 per cent. only in the county asylum. The transfer of twenty chronic cases—no impossible feat—from Haywards Heath to the Brighton workhouse wards would at once bring the Brighton statistics up to my ideal standard for the distribution of pauper lunatics—viz., in county asylums, 50 per cent.; in workhouse wards, 40 per cent.; leaving 10 per cent. for care in private dwellings.

(b) *Lunatic Hospitals (Middle-class Public Asylums).*—Besides the county asylums for the insane poor we have in England fifteen lunatic hospitals, including the idiot asylums at Earlswood and Lancaster, where the principle of hospital treatment followed in the county asylums is applied to the insane of the upper and middle class with the most satisfactory results.

The following table gives a list of these asylums, with the

\* There is a unanimous concurrence of opinion on the part of the Lunacy officials and the Visiting Justices, that the grant from the Consolidated Fund of 4s. a week made by Lord Beaconsfield's Government in 1874, for every pauper lunatic detained in the county asylums, has led to a needless increase in the admission there of aged lunatics and idiot children, who were and can with equal facility be kept in the workhouses. This grant has risen year by year, and in the estimates of 1881–82 is placed at £425,000. Instead of relieving the landed interest, as this ill-considered attempt to shift part of their burden on the fund-holders was intended, it has actually increased the county rate by the forced enlargements and extension of the county asylums. The editor of *The Times*, in 1874 and 1878, allowed me at some length to direct attention to this yearly increasing misdirection of the public funds. It is to be hoped that when the heavy local taxation of England is readjusted, this outlet of wasteful expenditure may not be overlooked.

† The success of the metropolitan district asylums at Leavesden, Caterham, and Darent, which contain 4,470 chronic lunatics maintained at the rate of 7s. a week, shows how, even in so difficult a place as London, the treatment of chronic and harmless pauper lunatics in workhouse wards is to be accomplished, with a large saving to the ratepayers and a relief to the crowded wards of the county asylums, which are thus made available for the curative treatment of acute and recent cases.



date of their foundation, their present accommodation (number of beds), and their average weekly cost of maintenance.

TABLE IV.

*The Registered Lunatic Hospitals (Middle-class Asylums) in England, with the Date of their Foundation, the Number of Beds, and the Average Weekly Cost of Maintenance in 1880.*

Name and Site of Asylum. (Registered Hospital.)	Date of Founda- tion	Number of Beds	Average Weekly Cost*
Bethlem Royal Hospital ... ..	1400	300	£ s. d. 1 11 7
St. Luke's Hospital ... ..	1751	200	0 19 3
York Lunatic Hospital ... ..	1777	160	1 1 1
Friends' Retreat, York ... ..	1792	150	1 12 6
Wonford House, Exeter ... ..	1801	100	1 11 0
Lincoln Lunatic Hospital ... ..	1820	60	1 8 2
Bethel Hospital, Norwich ... ..	1825	70	0 15 2
Warneford Asylum, Oxford ... ..	1826	70	1 2 7
St. Andrew's Hospital, Northampton ... ..	1836	300	1 10 1
Cheadle Asylum, Manchester ... ..	1849	180	2 2 0
The Coppice, Nottingham ... ..	1859	70	1 10 4
Coton Hill, Stafford ... ..	1854	150	1 12 10
Barnwood House, Gloucester ... ..	1860	110	1 14 3
Earlswood Idiot Asylum ... ..	1847	570	0 18 2
Albert Idiot Asylum, Lancaster ... ..	1864	350	0 14 0

These asylums have nearly 3,000 beds, and the average weekly cost of maintenance is £1. 10s., or, including the fabric account, £1. 15s.

There are 7,828 private lunatics registered in England, who are thus distributed:—

In registered hospitals .....	2702 or 36 per cent.	} In public asylums 49 p. c.
In county asylums .....	484 or 6 „	
In state asylums .....	558 or 7 „	
In private asylums .....	3408 or 43 „	
In private dwellings .....	676 or 8 „	

The existing lunatic hospitals, or middle-class public asylums, thus already receive 36 per cent. of all the private patients. The advocates of this method of treatment of the insane, as opposed to the private asylum system, may now fairly say that by thus providing for the care and treatment of 36 per cent. of the private lunatics they have demonstrated the practicability of this method as applicable to the other 43 per cent. now in private asylums.

They can also appeal to the official statistics to show their

\* The fabric charges are not included in these figures. Another 5s. a week must be added to complete this estimated weekly cost of maintenance.

superiority as regards results over the private asylums. In the last decennium, 1870-80, the average recoveries per cent. on the admissions in the registered hospitals was 46·84; in the metropolitan private asylums it was 30·5; and in the provincial private asylums 34·7. The mean annual mortality during the same period was in the registered hospitals 8·12; in the metropolitan private asylums it rose to 11·01; and in the provincial private asylums it was 8·81. They may, moreover, point to Scotland and say that while in England 49 per cent. of the private patients only are provided for in public asylums, 84 per cent. are so cared for in Scotland. What has been accomplished in Scotland may surely be done in England. And certainly, as their strong and final argument, they may challenge a comparison of these asylums, conducted at half the cost, with the best of the private asylums in England. We have made arrangements for your visiting Bethlem\* and St. Luke's in London, and also the middle-class asylum, St. Andrew's Hospital, Northampton. I should very much like you to see St. Andrew's Hospital, which now contains 300 private patients of the upper and middle classes, from whose payments it derives a revenue of £40,000 a year, of which £10,000 was saved last year for further extensions. It would be difficult to over-praise the power of organisation which has enabled Mr. Bayley, the medical superintendent, to achieve this great result in the last ten years only. I can from frequent visitation speak of the order and comfort which reign throughout this asylum.

Mr. Dillwyn's Select Committee, in their Report (March 28, 1878), suggested "that legislative facilities should be afforded by enlargement of the powers of the magistrates or otherwise for the extension of the public asylum system for private patients," and in his Lunacy Law Amendment Bill, 1881, read a second time in May, Section 1 enables the justices to provide asylums for the separate use of private lunatics in like manner as the county pauper asylums were built. There can be no doubt, after the experience I have just related of St. Andrew's Hospital, Northampton, that, especially in the populous Home Counties, where no public provision for private lunatics exists, several such asylums, with 300 beds, might be built on the credit of the rates, and would in 30 years repay the capital and interest sunk out of the profits, and without, therefore, costing the ratepayers one penny. This clause alone would have made of Mr. Dillwyn's Bill a great gift to the insane of the upper and middle class.† I cannot

\* In the *Journal of Mental Science* for July, 1876, there is a very interesting sketch of the History of Bethlem Hospital since 1400, by Dr. Hack Tuke.

† I brought this whole subject before the Brighton Medical Society in 1862, in a paper on *The want of a Middle-class Asylum in Sussex*, subsequently inserted in the *Journal of Mental Science* for January 1863.

but regret that so valuable a measure had to be withdrawn from want of time. It is already a well-worn complaint that home legislation is in England sadly impeded by the weary Irish agitation and debates.

Another method of providing public accommodation for private patients was laid by me before Mr. Dillwyn's Select Committee, in a *Memorandum on the Establishment of three State Asylums for Chancery Lunatics*, signed by Dr. Bucknill, Dr. Crichton Browne, and myself. The insane wards of the Court of Chancery pay upwards of £100,000 a year for care and treatment in private asylums. Certainly no loss could be incurred by the Treasury in advancing sums to build these asylums, where the yearly profits would, as at St. Andrew's Hospital, ensure the regular repayment of capital and interest. As the Court of Chancery controls in every detail the expenditure of the income of its insane wards, it is not an unreasonable demand to require that Court to provide fit public asylum accommodation, and such as the visitors deem necessary, for the Chancery patients now placed in private asylums, in the selection of which their official visitors have no voice, and over the conduct and management of which they exercise no control.

## II. PRIVATE ASYLUMS.

There are 3,400, or 43 per cent., of the private patients in England confined in private asylums, of whom 1,850 or 54 per cent. are in the thirty-five metropolitan licensed houses which are under the sole control and direction of the Commissioners in Lunacy, who diligently visit them six times a year. The remaining 1,550, or 46 per cent., are in the sixty-one provincial licensed houses which are under the jurisdiction of the justices in quarter sessions, but are inspected twice a year by the Lunacy Commissioners. I cannot—even did I so desire—avoid, in an address like the present, stating to you my opinion of this method of treatment of the insane. The tenor of my remarks, when referring to the extension of the lunatic hospitals (middle-class asylums), has already shown the direction towards which my opinions and feelings tend. John Stuart Mill, the strenuous advocate of freedom of contract, nevertheless, in his *Political Economy*, in treating of this subject, observes that "insane persons should everywhere be regarded as proper objects of the care of the State," and, in quoting this authority, I must add, from long personal observation, my opinion that it would be for the interests of the insane of the upper and middle class to be treated as are the paupers in public asylums, where no questions

of self-interest can arise, and where the physician's remuneration is a fixed salary, and not the difference between the payments made by his patients for board and lodging and the sums he may expend on their maintenance. "Is there not," writes Dr. Maudsley, "sufficient reason to believe that proper medical supervision and proper medical treatment might be equally well if not better secured by dissociating the medical element entirely from all questions of profit and loss, and allowing it the unfettered exercise of its healing function? Eminent and accomplished physicians would then engage in this branch of practice who now avoid it because it involves so many disagreeable necessities."

Probably all not directly interested in this system, and many who, to their own regret, are so, will concur that, if the work had to be begun anew, the idea of licensed private asylums for the treatment of the insane of the upper and middle class would be, by every authority in the State, as definitely condemned as was in 1845 the practice of farming out the insane poor to lay speculators in lunacy. It is, however, a different matter dealing with an established system, and I am not of those who call for the suppression of all private asylums. The friends of many patients in England distinctly prefer them to public asylums, and some patients, who have had experience of both, contrast the personal consideration and study of their little wants which they receive in private asylums with the discipline and drill of the public institutions. I see no reason why private asylums should not continue to exist side by side with the public middle-class asylums. Time and competition will show which system shall ultimately gain the approval of the public. I am glad to find this opinion supported by Dr. Arthur Mitchell, Commissioner in Lunacy for Scotland, in his evidence before the Parliamentary Committee of 1877.

"I think," he said, "there should be no legislation tending to the suppression of private asylums. I would let the principles of free trade settle the matter. If the public have confidence in private asylums, and encourage them, I would let private asylums exist. I would give them no privileges, and would simply take care that the inspection and control over them are sufficient."

The verdict of public opinion in Scotland has been definitely against the private asylum system. While in England 43 per cent. of the private patients are confined in private asylums, the proportion in Scotland falls to 9·5.

If private asylums are to continue, there should be entire freedom of trade in the business. The Lunacy Commissioners have for many years placed endless impediments in the way of

licensing new and small asylums in the metropolitan district. I entirely differ from this policy, and I think that small asylums for four or six patients, licensed to medical men, would tend to lessen the existing evils of the larger private asylums. The monopoly which the Commissioners have established in the metropolitan district has certainly not raised the asylums there to a higher standard than those of the provinces, where free trade in lunacy prevails. I am tempted to say that it has had the contrary effect.

### III. THE INSANE IN PRIVATE DWELLINGS.

Further reform in the treatment of the insane is not merely a question of whether and how they shall be detained in public or private asylums, but rather whether and when they should be placed in asylums at all, and when and how they shall be liberated from their imprisonment and restored to the freedom of private life. This is the reform in lunacy treatment which is beginning at last to take hold on the public mind in England, and has received a new impulse by the recent publication of an essay by Dr. Bucknill *On the Cure of the Insane and their Legal Control*.\*

It is more than twenty years ago since the question of the needless sequestration of the insane was first raised in England by my friend Baron Jaromir Mundy, of Moravia. He spoke then to dull and heedless ears. I remember well I thought him an amiable enthusiast, and I said there was no fit or proper treatment for the insane to be found out of the walls of an asylum. I have since learnt a wiser experience. Well did he say, on leaving us, *arbores serit diligens agricola quarum fructus nunquam aspiciet*. I am very glad to have this opportunity of doing honour to the zeal and far-seeing wisdom of the first preacher of this new crusade; would he were here with us to-day to accept my formal adherence to his cause.

There is, I believe, for a large number of the incurable insane, a better lot in store than to drag on their weary days in asylum confinement:—

The staring eye glazed o'er with sapless days,  
The slow mechanic paces to and fro,  
The set gray life and apathetic end.

In my evidence before Mr. Dillwyn's Select Committee in 1877 I was examined at some length on this question, and I stated that, but for my experience as Lord Chancellor's Visitor,

\* Macmillan & Co., second edition. London, 1880.

and if I had not personally watched their cases, I could never have believed that patients who were such confirmed lunatics could be treated in private families in the way that Chancery lunatics are. I also said that one-third of the Chancery patients were already so treated out of asylums, and I added that I was of opinion that one-third of the present inmates of the private asylums might be placed in family treatment with safety. In support of this opinion I put in this table :—

TABLE V.

*Showing the Proportion per cent. in Asylums and in Private Dwellings of the Chancery Lunatics and of the Private Patients (Lunatics not Paupers) under the Commissioners in Lunacy in England and Wales and in Scotland.*

	PROPORTION PER CENT.	
	In Lunatic Asylums	Under Home Treatment in Private Dwellings
Chancery Lunatics . . . .	65·4	34·6
English Private Lunatics . . . .	94·1	5·9
Scotch Private Lunatics . . . .	93·8	6·1

This table deserves your attention. If 34·6 per cent. of the Chancery lunatics are successfully treated in private dwellings, while only 65·4 per cent. are in asylums, it is evident that of the private patients under the Lunacy Commissioners, of whom 94 per cent. are in asylums, some 30 per cent. are there needlessly, and hence wrongly confined. I see instances of such cases every visit I pay to the private asylums.

Another convert to his cause, made by Baron Mundy, is one of the distinguished vice-presidents of this section, Dr. Henry Maudsley, who, in 1867, in the first edition of his work on the *Physiology and Pathology of the Mind*, strenuously condemns the indiscriminate sequestration of the insane in asylums, observing :—" the principle which guides the present practice is, that an insane person, by the simple warrant of his insanity, should be shut up in an asylum, the exceptions being made of particular cases. This I hold to be an erroneous principle. The true principle to guide our practice should be this: that no one, sane or insane, should ever be entirely deprived of his liberty, unless for his own protection, or for the protection of society."

Dr. Maudsley (to strengthen his argument) pointed to the condition of the numerous Chancery patients in England who

are living in private houses. "I have," he writes, "the best authority for saying that their condition is eminently satisfactory, and such as it is impossible it could be in the best asylum," and he concluded an elaborate defence of this method of cure with this remark:—"I cannot but think that future progress in the improvement of the treatment of the insane lies in the direction of lessening the sequestration, and increasing the liberty of them. Many chronic insane, incurable and harmless, will be allowed to spend the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and the priceless blessing of the utmost freedom that is compatible with their proper care."

In his recent essay on *The Care of the Insane*, Dr. Bucknill has a chapter entitled "Household Harmony"—

After many moody thoughts,  
At last by notes of household harmony  
They quite forgot their loss of liberty.

I give you therefrom his final and weighty conclusions in his own words:—"It is not merely the happy change which takes place in confirmed lunatics when they are judiciously removed from the dreary detention of the asylum into domestic life; it is the efficiency of the domestic treatment of lunacy during the whole course of the disease which constitutes its greatest value, and of this the author's fullest and latest experience has convinced him that the curative influences of asylums have been vastly overrated, and that those of isolated treatment in domestic care have been greatly undervalued."

What I have hitherto said under this section applies to the home treatment of private patients. The treatment of pauper lunatics in private dwellings is another part of this question, and in which important financial results are involved. The system takes its origin from Gheel, and has been adopted in Scotland with great success. No less than 14·7 per cent. of the insane poor in Scotland are placed in private dwellings, under the official inspection of the Lunacy Board. Dr. Arthur Mitchell's evidence before Mr. Dillwyn's Select Committee and the several annual reports of the Scotch Commissioners give details of this method of treatment, which my limits only allow me now to refer you to. Financially the cost of this treatment does not reach 1s. a day; in the county asylums (including the cost of the fabric) it is not less than 2s., a difference of 100 per cent. in expenditure.

With regard to England, 6,000 pauper lunatics, or 8·5 per cent. of their number, are registered as living with their relatives, or boarded in private dwellings, under the authority of

the boards of guardians, whose medical officers visit the patients every quarter, and make returns to the Visitors of the county asylums, to the Lunacy Commissioners, and to the Local Government Board. None of these authorities, however, take much notice of the returns, and little or nothing is known of the condition, care, or treatment of these 6,000 pauper lunatics. Any further amendment of the Lunacy Law should certainly, in some way, bring them within the cognisance and inspection of the Lunacy Commissioners, as is done in Scotland.

A successful effort further to extend this system in England is related by Dr. S. W. D. Williams, the Medical Superintendent of the Sussex County Asylum, Haywards Heath, in his evidence before Mr. Dillwyn's Select Committee, and also in a paper, *Our Overcrowded Lunatic Asylums*, published by him in the *Journal of Mental Science* for January 1872. My limits compel me to be satisfied with this brief reference to the important questions included in this third section of my address, "The Insane in Private Dwellings."

#### IV. THE ENGLISH LUNACY LAW.

Lastly, I would say a few words on the Lunacy Law of England, which, setting aside the special statutes, dating from King Edward II., regulating the proceedings in Chancery, are the result of the legislation of 1845, and consist chiefly of Acts amending other Acts. They form a large volume, which has been carefully edited by Mr. Fry.\* A Bill for the general consolidation and amendment of these several statutes is an urgent need. The Government of Lord Beaconsfield announced, in Her Majesty's speech from the throne on the opening of Parliament in February 1880, that such a measure was in preparation; and although the political necessities of the Irish question have this year unfortunately absorbed all the energies and time of the Government, we have assurance, in the extreme solicitude which the Lord Chancellor on all occasions so markedly shows for the welfare of the insane, that the Government will be prepared to give the question of Lunacy Law Reform their early and careful attention. I am disposed to think that, previous to such legislation, a Royal Commission should be issued to investigate and report on the working in detail of the Lunacy Law, and to make suggestions for its consolidation and amendment.

\* "The Lunacy Acts: containing the statutes relating to Private Lunatics, Pauper Lunatics, Criminal Lunatics, Commissioners of Lunacy, Public and Private Asylums, and the Commissioners in Lunacy; with an Introductory Commentary, &c." By Danby P. Fry, of Lincoln's Inn, Barrister-at-law. Second Edition. London, 1877.



It is exactly twenty-one years since a Parliamentary Committee reported to the House "*On the Operation of the Acts of Parliament and Regulations for the Care and Treatment of Lunatics and their Property.*" Many changes have passed over this department of medicine since the date of that report, and the temporary amendments of the Lunacy Law of 1845, which resulted therefrom, have almost served their purpose. The chief of these enactments "the Lunacy Acts Amendment Act 1862," passed the following year, and embodied the various suggestions of the Lunacy Commissioners, based on their experience of the working of the Act of 1845, and from an official point of view was a valuable contribution to the Lunacy Law, but it failed to give effect to many of the recommendations of the Select Committee of 1860. In the same year passed "the Lunacy Regulation Act 1862," which led to considerable amendment of the proceedings in Chancery. The important requisite, however, of a cheap and speedy method of placing the property of lunatics under the guardianship of the Lord Chancellor has yet to be attained. One of the most experienced officials in Chancery, Master Barlow, in his evidence before Mr. Dillwyn's Committee, in 1877, said:—"I am a great advocate for a great reform in Lunacy (Chancery) proceedings; I would facilitate the business of the procedure in the office, and shorten it in such a way as to reduce the costs."

After the evidence given by Dr. Arthur Mitchell before Mr. Dillwyn's Select Committee of 1877, it is evident that in the consolidation and amendment of the English Lunacy Laws, the Scottish Lunacy Law and practice must be carefully considered. It is in Scotland alone that the whole lunacy of the kingdom is under the control and cognisance of the Lunacy Board.\*

Again, the relation of the Lunacy Commissioners to the county asylums under the County Financial Boards (whose advent is nigh at hand) is a difficult question, the final solution of which will influence for good or evil the future of these asylums. Herein also falls the question I have before referred to, of the annual Parliamentary grant for pauper lunatics maintained in asylums, and reaching now to half a million a year. Is the central government to check, through the distribution of this grant, the county boards; or are they to retain the same authority over the county asylums as is now exercised by the justices in quarter sessions? The whole

\* I may be pardoned, if I venture here to refer to the annual reports of the Commissioners in Lunacy for Scotland, as containing an amount of well-digested statistical information regarding the lunacy of the kingdom, which we search for in vain elsewhere.

future efficiency of the English county asylums depends upon the right adjustment of the relative control given to the local authorities through the new county boards, and to the central government through the Commissioners in Lunacy.

There is also for consideration, as in contrast with the Lunacy Laws of Scotland, the divided jurisdiction of the Local Government Board and the Commissioners in Lunacy over pauper lunatics in workhouses, of whom 17,000, or 26 per cent. of their number, are there and in the metropolitan district asylums under the control of the Local Government Board with the merest shadow of inspection by the Lunacy Commissioners. Again, to what extent is the credit of the rate-payers to be used in the establishment of public asylums for private patients? I have already said how much I desire to see the public asylum system, as now existing in the registered lunatic hospitals, extended, more particularly in the Home Counties, by this method. Then the wide question of official asylum inspection. Is the present amount of it enough, and the method of it sufficient for the needs and protection of the insane, or does the Lunacy Commission require both extension and remodelling?

These are but a few examples of the difficulties besetting the question before us of the consolidation and amendment of the English Lunacy Law, and which lead me to the opinion that the whole subject, now ripe for solution, requires skilful and scientific sifting by a Royal Commission, previous to any consolidating and amending Act being laid before Parliament. I am glad to have this occasion to express my personal confidence in the ability, industry, and integrity with which the existing Lunacy Law is administered by the Commissioners. If I were disposed to criticise their policy, I might say that they trust too much to their one remedial agent, the extension of the county asylums, for meeting all the requirements and exigencies of the insane poor, while as regards the private asylums, with 54 per cent. of the private asylum population under their sole control in the metropolitan district, that they have from the first, since 1845, been content to enforce the remedying of immediate shortcomings, rather than endeavoured to place before the proprietors any standard of excellence to which they shall attain.

In concluding my remarks on the last section of my subject—the Lunacy Law of England—I would say that no mere amending Act like that of 1862, embodying simply the further suggestions of the Lunacy Commissioners, will satisfy the requirements of the medical profession or of the public. In the evidence taken before Mr. Dillwyn's Select Committee in 1877

will be found many suggestions for the further amendment of the Lunacy Law of an important character, one or two of which Mr. Dillwyn embodied in his Lunacy Law Amendment Bill of this year, which, as I have already said, has been withdrawn. It is impossible for any private member of Parliament, actuated though he be by an earnest desire to remedy grave evils, to deal with so wide and complicated a question as the consolidation and amendment of the English Lunacy Law. No one is more fully aware of this impossibility than is Mr. Dillwyn, and no member of the House is prepared more heartily to support the Government in passing a wide and comprehensive measure of Lunacy Law Reform.

I fear, gentlemen, that I have exceeded the limits of an opening address. Yet the wide subject which I selected—Lunacy in England (*England's Irren-Wesen*)—did not admit of shorter treatment or of further compression. It is, after all, but a bare outline that I have to-day been able to sketch, of the present condition of the insane in England and the manner and method of their care and treatment. I may claim to have endeavoured to give you a truthful picture of our present state, and I certainly have not desired to hide our many shortcomings from you. Indeed, my object in selecting this subject for my address, is the hope, that the position I fill to-day in this great International Medical Congress, may gain for my ideas on lunacy reform, which I have thus brought before this section, a practical recognition such as I could not, under other circumstances, expect my humble opinions to command. If such a result should follow, I truly believe that the use I have made of this great opportunity, may be the means of extending to the insane of all classes in England that further measure of protection and liberty, which the experience of the past working in the County Asylums of the Lunacy Act of 1845, on the lines of the non-restraint system, has now shown to be alike practicable and safe.

## ART. III.—A PSYCHOLOGICAL STUDY OF SHAKESPEARE.

By B. H. SEMPLE, M.D., F.R.C.P.L.

IN order to prevent all misunderstanding as to the meaning here attached to the above title, I must observe that I employ in the present article the word "psychological" in its primary signification as derived from the Greek word  $\psi\upsilon\chi\eta$ , variously rendered in English as "breath," or "life," or "spirit," and used in defining the mental qualities of human nature as contradistinguished from its physical or corporeal features. "Psychology" has in recent years been sometimes erroneously supposed to refer only to morbid conditions of the mind; but these should properly be represented as belonging to *pathological* psychology, while the healthy or normal operations of the thinking principle would be properly included under the category of *physiological* psychology.

It is the more necessary thus to define the sense in which the title is given as above, because, in venturing to offer any opinions on the genius of Shakespeare, it cannot be too emphatically stated that the great poet and dramatist seems to have been himself entirely free from anything approaching to mental alienation—a condition, alas! unfortunately too common with those on whom the brilliant but dangerous gift of genius has been bestowed. Far from displaying any of those eccentricities of conduct or behaviour which have marked the career of many other gifted human beings, Shakespeare seems, from the rather scanty records of his life which have reached the present age, to have been a remarkably prudent, consistent, honourable, and conscientious man. He married very early a lady some few years his senior, and to whom he was deeply attached, and by whom he soon had a family. He chose as his professional sphere the fourfold domain of poet, actor, theatrical manager, and dramatic author, and he is known to have acted in several of his own pieces, but chiefly in rather subordinate parts, as the Ghost in "Hamlet" and Adam in "As You Like It." He was a genial companion, as is shown by the testimony of his contemporary, Ben Jonson, and fond of the amusements of London, but equally delighted with the rural beauties and the seclusion of the country, whither he often gladly returned, and where he purchased property. His biographers state that he retired from London at 48 years of age, and fixed his permanent

residence at Stratford-upon-Avon, and died at the age of 52. What a period of intellectual activity was thus embraced by this extraordinary man within a few short years of human life! What a profusion of characters, of sentiments, of reflexions, of descriptions, emanated from his prolific pen! The minds of ordinary mortals are bewildered in attempting to grasp the idea of so much wisdom, so much invention, so much insight into all the mysteries of man's existence, being crowded into so narrow a space of time, especially amidst the ordinary pursuits and amusements of common life, and the necessary labours involved in the maintenance of a family and in the provision of a moderate competence for support in advancing years.

In choosing as a title for this paper, "A Psychological Study of Shakespeare," my object is to offer a few remarks on the influences which seem to have acted on the great poet's mind in the production of his immortal works; and while professing myself utterly unable to explain the source of those flashes of genius which turned into precious ore and into polished shape the crude materials presented to his senses, it is not presumptuous, I think, to inquire how far external circumstances may have operated in moulding into being those imaginary forms which now strike the reader as living and speaking pictures, presenting themselves as true representations of all that is characteristic of human nature in all its aspects.

It would be an idle task to compare Shakespeare with any of his predecessors or contemporaries in the realms of poetry or the drama, and for the best of all reasons, namely, that he is incomparable. As for the British drama, it can hardly be said to have been in existence before his time; and if the Greek and Roman dramatists be consulted, it will be found that, great and noble as are the dramatic compositions of *Æschylus*, *Sophocles*, and *Euripides*, and fanciful and amusing as are those of *Menander*, *Aristophanes*, *Plautus*, and *Terence*, yet Shakespeare excels them all, individually and collectively, both in expressing the grand, the pathetic, and the sublime, and in delineating those lighter phases of human character and conduct which meet the observer of the manners of ordinary life.

Before the time of Shakespeare the theatrical exhibitions of England seem to have consisted chiefly of those "Mysteries" or "Moralities," as they were called, in which religious subjects were represented before the multitude, or of "Masques" in which royalty sometimes indulged, and which consisted of a mixture of verses, music, pageantry and revelling. It is stated by Malone in his "Historical Account of the Rise and Progress of the English Stage" that there were in his time only thirty-eight plays extant, which were written before, or in, the year

1592, when Shakespeare is believed to have commenced his career as a dramatic author. The names of these plays and the dates of their production are given by Malone, and few and contemptible as they are, according to that writer, they were the most popular dramatic compositions of the time and the best that had been previously exhibited. The poverty of dramatic literature at this period shows in yet stronger light the brilliancy of Shakespeare's genius, because it is thus evident that having no models to imitate, no standards of dramatic taste to serve as guides, he himself became the model for future imitation and the standard of excellence for all posterity.

In connexion with this subject, it cannot be too distinctly stated, that not only did Shakespeare become the regenerator and reformer, and indeed the founder, of the English drama, but he was also one of the chief reformers of the English language, which, in the time of Elizabeth, was emerging from the confusion in which it had been involved during previous periods. With a foundation of Anglo-Saxon, the English language had been enriched, after the Norman Conquest, by a multitude of French words, and of Latin words through the French or Norman; but, during the Civil Wars of the Roses, the cultivation of literature had been necessarily neglected, and the language, both written and spoken, had fallen into an irregular and chaotic state. But in the time of Henry VIII., Edward VI., Mary, and Elizabeth, the Greek and Latin languages had been extensively cultivated by the upper classes of society, and words were introduced directly from those tongues instead of being corrupted by their transmission through the French. The consequence was that the English language now began to be subject to fixed rules and to assume a definite construction, but the spelling was still capricious and arbitrary, and forms of speech, at the present day obsolete, were still retained. Of all those who established the English language in the Elizabethan age, Shakespeare was the foremost, and although it would be doing injustice to many of his contemporaries to pronounce him to be the only reformer in this respect, yet it must be observed that Spenser and Ben Jonson and others of his contemporaries, learned and distinguished as they were, contributed nothing whatever to the grace and elegance of the literary style of Shakespeare, who was their superior and their guide rather than their imitator. Shakespeare, indeed, was alone in his skilful management of our tongue; and although it must be admitted that he was probably not acquainted with the poetical rules adopted or invented by the classical writers, yet he possessed a native taste of his own which enabled him to arrange his words in the most harmonious order, and made his verses so smooth

and mellifluous that, if written in the present day, they would not only defy criticism but extort admiration.

How Shakespeare, with his imperfect education, was able at once from his youth to write beautiful poetry, is one of those mysteries which psychological science is powerless to penetrate. The only explanation is that his well-organised mind saw intuitively the graceful forms which our language is capable of assuming, and that he wrought and wielded it at his pleasure, just as the sculptor extracts from the rude and massive block the lines and surfaces which cause the marble to breathe and live. English poetry in the time of his predecessors was in a most rough and uncouth condition; and, although the versification of Chaucer is not so difficult of reading as is generally supposed, yet it is fragmentary and unpolished for the most part, being made up of a mixture of Anglo-Saxon and Norman and classical roots not well blended together. It was Shakespeare who fused all the discordant elements into uniformity, and, with the potent crucible of his genius, converted them into the pure golden streams which flow so brightly and so smoothly in his poems and his plays, and constitute standards of excellence for the imitation of all ages.

Although the inquiry has been often instituted, it is not unprofitable once more to trace the influence which education may have exerted on the development of Shakespeare's genius; but the investigation is a somewhat unsatisfactory one. The records of his early youth give little information beyond the fact that he was educated at a grammar school in his native town, and probably began his studies, such as they were at this period, when he was about seven years old, and probably continued them till he was fifteen. The supposition that from the latter period until he was eighteen he spent his time at the University of Oxford or at that of Cambridge appears to be quite destitute of foundation, and it is equally unproved that he was during the same period a student of one of the Inns of Court. But there is some evidence that during the years in question he was on rather intimate terms with a lawyer's clerk at Stratford-upon-Avon, from whom he probably picked up some of that legal knowledge and became acquainted with much of the legal phraseology which he exhibits in many of his plays. Indeed, from the universality of his acquirements, and from his singular power of putting appropriate language into the mouths of all his characters, it might be asserted, upon internal evidence, that he was educated as a doctor of medicine, or as a lawyer, or as a soldier, or as a sailor; but I think the most probable supposition is that he had no regular training in any of these pursuits, and that, having had only a moderate education in

ordinary subjects, he applied his gigantic mind to perusing the literature current in his time, and from this kind of laborious but desultory reading, combined with an acute observation of the human characters falling under his notice, and of the natural objects submitted to his senses, he evolved from his fertile brain those wonderful productions which have astonished and edified mankind.

Notwithstanding all that some writers have suggested to the contrary, I cannot agree that Shakespeare was what might be called a learned man, or that he was regularly disciplined in any consecutive course of study either in literature or science. It is true that classical allusions very frequently occur in his writings, and that he often uses English words in the happiest manner, and in accordance with their etymological meaning; but there are too many obvious mistakes made by him in the quantity of proper names of Greek or Roman origin, and too much confusion in matters relating to ancient history, to allow of the supposition that he was a profound, or even a moderate, Greek or Latin scholar. It must be remembered, however, that he did not live in a rude period of English history, but in an age when learning was becoming more and more largely cultivated, and when, by the influence of the art of printing, the facts described and the theories invented by ancient and modern writers were diffused over the community, the example of devotion to literature being set by the highest in the land, and being followed, more or less, by the classes below them. There was, in fact, almost a rage for the cultivation of classical literature, and translations were made of many of the most distinguished writers of antiquity, and of many of the more modern poets and romance-writers of France and Italy. In particular, the histories of Plutarch were thus made known to English readers in the time of Elizabeth; and the poems of Homer and Virgil were likewise made available by means of translations, however imperfect those versions may appear in our own time; and the writings of Ovid, and especially the *Metamorphoses*, were eagerly read in their English dress. Besides these, there were a multitude of stories and legends derived from French, Italian, and perhaps Spanish sources, which were among the popular writings of the day. Of all these channels of information Shakespeare was evidently aware, and he certainly eagerly availed himself of the fascinating stories of the poets, and the hardly less fascinating records of the historians. But, familiar as Shakespeare certainly was with the fables of Homer, Virgil, and Ovid, and with the biographies by Plutarch, though in all probability only through the medium of translations, I can find no evidence in his works that he was well acquainted with Horace or Terence or Cicero, or still less that



he was familiar with the Greek tragedians, or the Greek comic writers, or with the Greek orators.

On the other hand, however, he must have devoured with avidity all the translations existing in his time, whether from Greek, Latin, Italian, Spanish, or French originals, as well as the works of his own predecessors, especially Chaucer, and from these heterogeneous materials he has developed, under the magic touch of genius, those inimitable creations in attempting to characterise which the language of eulogy is utterly poor in expression.

The industry of some of Shakespeare's commentators, especially Malone and Steevens, has succeeded in making out a list of the ancient translations from classic authors, which the great dramatist might have seen, and some of which he certainly saw, in the course of his extensive though discursive reading. The dates of these translations are given by the commentators, who show that many of them were printed before Shakespeare began his career as a dramatist. Among these are some of the books of Homer's *Iliad*, ten of them being translated into English from the French, a play of Euripides, some books of Herodotus and Thucydides, several editions of Plutarch's *Lives*, the *Ethics* of Aristotle, some of the books of Xenophon, the *Aphorisms* of Hippocrates and Galen's two *Books of Elements*, a great number of versions of Virgil's works, in prose, in Scottish metre, in rhyme, in blank verse, and in English hexameters, only two books of Horace together with his *Art of Poetry*, the *Epistles* and the *Satires*, a great number of Ovid's works, including the *Metamorphoses*, the *Epistolæ Heroidum*, the *Elegies*, the *Remedium Amoris*, the *De Tristibus*, the *Mencechmi* of Plautus, some plays of Terence and Seneca, and several books and *Epistles* of Cicero.

That Shakespeare was acquainted with Homer, and with the history of the Trojan War, and with the individuals who play so conspicuous a part in the immortal poems of the *Iliad* and the *Odyssey*, is beyond all doubt; but it is almost demonstrable that he was conversant with them only through the medium of the translations existing in his day. At the same time it must be admitted that he displays his extraordinary powers in seizing upon the peculiarities of each of the characters and putting into their mouths the very same kind of language and the same sentiments which were invented by Homer. The play in which his knowledge of the great Greek poet is most conspicuous is "*Troilus and Cressida*," a very poor production, although undoubtedly emanating from his pen. In this piece, the main plot and some of the incidents, which are in very questionable taste, are derived from a poem of Chaucer's,

while what may be called the subordinate characters, who fill up the scene, are the illustrious warriors and heroes and heroines of the *Iliad*, and the place of the action is Troy and the Grecian camp before it. Besides the principal characters Troilus and Cressida, and Pandarus the uncle of the latter, a whole multitude of Greek and Trojan worthies are introduced upon the stage, namely Priam, King of Troy, and five of his sons including Hector and Paris; Æneas, the hero of the *Æneid*; Agamemnon, the General of the Grecian host, and his brother Menelaus; Achilles, Ajax, Ulysses, Nestor, Diomedes, and Patroclus, the Greek commanders; Thersites, the scurrilous and deformed vituperator; Helen, the fatal cause of the war; Andromache, the noble wife of Hector; and Cassandra, the prophetess. Now, as I have just observed, there is very appropriate language put into the mouths of all these characters; Agamemnon is royal, Achilles is fierce, Hector is magnanimous and brave, Ulysses is cautious, Nestor is sagacious, Thersites is abusive, Andromache is tender, Helen is weak and childish, and so on of the rest; but I cannot believe that a poet could be well acquainted with the original language and the sublime descriptions of Homer who could huddle all these characters upon the stage merely in order to form a group of figures to fill up a picture, the prominent objects of which are an ordinary pair of lovers, together with the lady's uncle, who plays a kind of comic part, and who is of such immoral tendencies and occupation that his very name has become familiar in the English language as a type of the most degraded and disgusting phase of vice. Let us contemplate Pandarus commencing the play, together with Troilus, and concluding it in a kind of humorous epilogue addressed to the lowest and basest class of frequenters of a theatre, and I confess that, notwithstanding my profound reverence for Shakespeare's genius, I think that Homer's heroes are degraded by the association, and that the writer who could so associate them in the same play could never have been duly impressed with the pure and lofty conceptions of the old Greek poet.

Here it may be not inappropriate to observe that, making allowance for errors like that above noticed, the influence of education, valuable as it is, may sometimes tend to cripple the efforts of genius rather than to develop them; and it is not unreasonable to suppose that, if Shakespeare had been constrained to submit himself to a long course of academical discipline, the result might have been the loss to the world of some of his most brilliant productions, which derive much of their charm from the unbounded licence they display, their freedom from all conventional rules, and their wonderful originality. He might have been an accurate Greek or Latin scholar;

he might have composed faultless Latin or Greek hexameters and pentameters; he might have written Greek choruses, or imitated the lyrics of Pindar or Horace: but what would have become of *Macheth*, *Othello*, *Lear*, *Falstaff*, *Prospero*, *Caliban*, and a host of other creations, which, in their entire originality, are unsurpassed and unequalled in the whole range of ancient or modern literature?

If, again, Shakespeare had been trammelled with a regard for what are called the unities in dramatic composition, what a world of fancy would have been withheld from mankind! Unlike his great Greek and Roman predecessors, whose theatrical scenery was composed of the mountains and the sky and the foliage of the neighbouring trees, or at most represented only the exterior or interior of some temple, or palace, or dwelling-house, and whose notions of time and place limited them to a very short duration of the former and to a fixed position of the latter, his great mind, disdaining the boundaries of time and space, and of earth itself, was, to use his own words, "of imagination all compact," and

Glanced from heaven to earth, from earth to heaven;

or, to use the words of Johnson, he

Exhausted worlds and then imagined new;  
Existence saw him spurn her bounded reign,  
And panting Time toiled after him in vain.

If he had dramatised the great fables of antiquity in the time of *Æschylus* and his successors and contemporaries, he would not have been satisfied, for instance, to represent *Prometheus* chained to a rock of Mount *Caucasus*, uttering his complaints to the sea, the air, and the mountains, and receiving the compassionate addresses of the ocean nymphs or the sympathy of earthly or unearthly visitors, but he would have carried us into the depths of *Tartarus*, or to the heights of *Olympus*, would have revealed to us the councils of the Gods or the decrees of the Fates, or, what is more, he would probably, representing what often occurs in real life, have introduced some coarse or vulgar character upon the scene to relieve or throw into deeper shade the ghastly horror of the scene, and to vary the monotonous complaints uttered by the presumptuous mortal who stole the fire from heaven, and whose liver was being devoured by the rapacious vulture.

Descending for a moment from these speculations, and tracing, however feebly, the influence of external agencies on the psychological development of Shakespeare, it is especially worthy of notice that he was married at eighteen, that his first child was born within a year of his marriage, and that twins, boy and girl, followed in little more than a year afterwards. These par-

ticulars, trivial as they might be in the life of an ordinary mortal, must be considered as very important in moulding the character, directing the pursuits, and determining the course of life of such a man as Shakespeare. In contracting such an early alliance, and being so soon involved in the cares of a family, he must have been necessarily interrupted in a systematic course of study or professional pursuit, if he ever entered upon any; and, in the absence of definite information on the subject, it is fair to assume that he spent his time in extensive though desultory reading, and in observing men and things such as he saw around him. That he was an ardent admirer of nature and of natural productions is evident from innumerable passages in his writings; and that he also made himself acquainted, as far as his opportunities extended, with pictures and statues and other works of art is equally manifest from intrinsic proofs. But being, as he no doubt was, a man of strict integrity and prudence, as well as of great industry, he must have begun to feel that as his family, though highly respectable, was by no means rich, it was necessary for him to look around for some means of living. Circumstances, which may be regarded as accidental, threw him in the way of some players who happened to be performing at Stratford, and hence he seems to have derived his love of the stage and his determination to adopt the theatrical profession as a means of subsistence.

Regarded in a psychological light the early marriage of Shakespeare was attended by the most happy results, not only as regarded his own worldly prosperity, but also the intellectual light with which he was able to irradiate his country and the whole world. Such a union of a boy of eighteen with Anne Hathaway, must have been looked upon, considering the circumstances of their respective families, as a most imprudent step, and likely to lead only to poverty and unhappiness; but in the case of Shakespeare the alliance was in every respect fortunate and auspicious. His novel position as a young man, under twenty, finding himself already the father of three children, appears to have stimulated him to turn his education, such as it was, and his desultory reading, to material profit for the support of his family; and although it is doubtful whether he gained his living at this period as an actor or as a dramatist, there can be no question that he was making himself acquainted with theatrical life, and with the mechanical and conventional requirements of the stage, which became of so much use to him in his subsequent career.

In the character of the lady, also, who became his wife and who survived him, he must have found a congenial and loving

partner; and although her history is very little known, and although he makes no mention of her in his writings, yet her virtue and her constancy, and, perhaps, her patient endurance of privations in their early married life, would have made a deep impression on the mind of the youthful husband, and no doubt laid the foundation of those exquisite portraiture of female characters which constitute some of the principal charms of his writings, and have attracted the admiration of all cultivated minds. It is universally admitted that, notwithstanding the licentious habits and sentiments of the times in which he lived, Shakespeare's female characters are generally models of purity and virtue, and it is only necessary to allude to such creations as Desdemona, Imogen, Miranda, Hermione, in proof of this position. It is true that all these and other of his female characters are not cast in the same mould, or the result would have been the tameness and insipidity which are traced in the works of most authors who have attempted to delineate the attributes of woman. As occurs in real life, the female characters of Shakespeare exhibit great variety, and the virtues of his unmarried and his married heroines although of course of a different stamp, are equally conspicuous; the devotion and the unmerited sufferings of Hermione, the ardent and impetuous love of Juliet, the perfect innocence of Miranda and Desdemona, the playfulness of Rosalind and Beatrice, being beautifully contrasted, and painted with the skill of the most accomplished artist in female portraiture.

That Shakespeare himself had the utmost reverence for female purity and virtue is evident in all his writings; and although undoubtedly he has, according to the manners of his time, indulged very often in a warmth of expression which would be unsuitable to the present age, he has always drawn a broad distinction between the pure and ideal love, which is founded upon esteem and affection, and that material development of the passion which is common to man and the brute creation. In the "Sonnets," in "Lucrece," and even in the very beautiful though amorous poem of "Venus and Adonis," there are abundant illustrations of the above remarks; as, for instance, where, in the last-named work, the youthful and really virtuous huntsman declares, in answer to the impassioned addresses of the Paphian Queen:

Love comforteth like sunshine after rain,  
But Lust's effect is tempest after sun;  
Love's gentle spring does always fresh remain,  
Lust's winter comes ere summer half be done:  
Love surfeits not, Lust like a glutton dies;  
Love is all truth, Lust full of forged lies.

The marriage, then, of Shakespeare, although only in his

eighteenth year, was unquestionably a great cause, if not the chief cause, of the development of his marvellous intellectual qualities. The copious well of his imagination required only some power to draw up its overflowing waters, wherewith to irrigate the barren fields of dramatic literature in the sixteenth century, and the necessity of obtaining a livelihood was the engine which evolved the latent streams.

Full many a gem of purest ray serene  
The dark unfathomed caves of ocean bear;

and the pure gem of Shakespeare's genius, which might have remained concealed had not circumstances revealed its beauty and its brilliancy, was rescued from obscurity by his marriage with Anne Hathaway and his meeting with strolling players at Stratford-upon-Avon.

To a mind like Shakespeare's, looking at this period of his life in a psychological point of view, it is quite conceivable that not only the easy and jovial manners of the actors presented great and irresistible attractions, but that the very poor condition of dramatic literature in his time fired his ambition to produce something better than the trash then deemed good enough to be presented to the public. No authentic particulars have been handed down as to the manner in which he spent his time from the age of twenty-one to twenty-five, which must have been in him a period of the greatest intellectual activity, in which he was no doubt occupied either in writing plays himself or in adapting and improving the works of his predecessors or contemporaries. But from internal evidence it is plain that the representations of the stage, crude and coarse as they were in his youth, inspired him with many of those lofty thoughts which breathe and burn throughout his writings, and which, deriving their source from a microcosm seen in actual life, expanded into those boundless regions of thought and invention in which time and space are annihilated, and in which man and nature are depicted in all their multitudinous aspects, in beauty and deformity, in light and in darkness, in gaiety and in despair, in sunshine and in storm, in space and in infinity, in time and in eternity. "All the world's a stage," as he beautifully expresses it,—

And all the men and women merely players;  
They have their exits and their entrances,  
And each man in his turn plays many parts;

and, again, when Macbeth, at length weary of life and deserted by his friends, exclaims:

Life's a mere shadow, a poor player  
That struts and frets his hour upon the stage,  
And then is heard no more.

How well can we understand that the representations on the stage (sometimes probably in a barn) at Stratford-upon-Avon inspired Shakespeare's mind with the grandeur and at the same time the weakness and vanity of human things! The actors repeating high-flown and bombastic lines, attired as kings or heroes, putting off for a time their ordinary dresses, and attired in glittering but tawdry colours, and again resuming their shabby habiliments, would readily convey to his mind a picture of the changeful condition of mankind in actual life; while the stage, glowing with artificial light and scenery, or perhaps only tenanted for a time by walking puppets, terminating their brief career of a few hours to sink into darkness and silence, would be to him a type of life and death, not only in man, but in the great scheme of Nature herself, and would shadow forth the beauties of creation, the monuments of art, the symmetry of the universe, as the things of an hour, and perishable as the scenery of a stage-play!

These our actors,  
As I foretold you, were all spirits, and  
Are melted into air, into thin air;  
And, like the baseless fabric of this vision,  
The cloud-capped towers, the gorgeous palaces,  
The solemn temples, the great globe itself,  
Yea, all which it inherit, shall dissolve,  
And, like this insubstantial pageant faded,  
Leave not a rack behind.

A fertile subject of discussion among metaphysicians once was whether there exist in the human mind certain innate ideas which grow and expand simultaneously with the growth and development of the bodily organs, or whether the mind is originally a mere blank, a *tabula rasa*, like a sheet of white paper, and receiving impressions from external objects by the agency of the senses. Without entering into the metaphysical examination of the question, it is perhaps allowable to suppose that the conflicting theories on this subject may be reconciled by admitting that both views are to some extent consistent with what is observed in human nature. On the one hand, it is useless to argue that, if a human being were absolutely excluded from all external influences—for instance, if he were deprived of light, and isolated from all objects which are capable of conveying sensations—his mind could develop itself so as to conceive and communicate ideas. On the other hand, it is equally absurd and irrational to suppose that any external influences whatever could inspire ideas where no capability of forming those ideas existed. Hence it is evident that what is called education is like the seed thrown into the soil, which, if congenial, will expand and nourish the embryo till it attains maturity, but which, if barren or unsuitable, will arrest its

progress, impair its vitality, and cause it to wither and decay. Thus, taking the average of human minds, they clearly contain within them a certain power of apprehension and conception which, seizing upon visible or tangible images, or receiving sounds or odours, or affected by mental impressions, converts all these materials into ideas which become communicable to other living beings by the organs of expression.

But how different is this power, which, in a certain sense, is innate in the human soul, in different ranks and conditions of existence! Take a school of a hundred boys or girls, and give them the same advantages of mental culture, and how different will be the result! Much of this diversity may be, of course, accounted for by accidental circumstances; but, when all allowances are made, it is obvious that in some of the minds there is a quickness in receiving and retaining knowledge, and in expressing ideas, which is wanting in many of the others; and hence, notwithstanding the most elaborate efforts on the part of teachers, some human minds will remain undeveloped, or only partially developed, during life, while others will, and in many cases quite unexpectedly, astonish their friends or the world at large by the extent of their accomplishments, the brilliancy of their imagination, and their ascendancy over their fellow-mortals. Again, admitting the beneficial influence of education (using the word in its common acceptation), how many men, and women too, have become distinguished without any ordinary education at all! In such cases—and they are very numerous—the mere scholastic routine has been unnecessary; poets have composed the most pathetic lines who have never studied the rules of versification; orators have swayed the minds of multitudes although they were unskilled in the language of Cicero or of Demosthenes; musicians have charmed the ear with melodious cadences before they were acquainted with the principles of harmony; painters with boyish fingers have drawn graceful figures before they learned the fundamental rules of art; and even mathematicians have solved some of the most intricate problems without having been previously tutored in Algebra or in the books of Euclid. In all such instances the native forces existed in the mind, and although education may serve still further to develop the innate germs of thought and imagination, and to systematise and arrange the scattered elements of mental power, yet, without that subtle metamorphic essence usually called genius, external influences would effect little or nothing beyond the ordinary result of developing what is commonly known as “talent,” which differs as much from genius as the Highgate and Hampstead hills differ from the chain of the Alps or the Andes, or as the fountains of Versailles from the cataracts of Niagara.



Pursuing, although with a rapid glance, the career of Shakespeare, and tracing, with however imperfect materials, the influence which external circumstances and objects exerted on his psychological development, we find that at the age of 25 he repaired to London to seek his fortune as an actor and a dramatist, and became a partner in the theatre then situated at Blackfriars. Engaged in this new sphere of activity, and exchanging the limited society and the rural scenes of a country town for the intellectual assemblies and the crowded streets of a metropolitan city, he must have found abundant scope for that acute and accurate observation of mankind which his writings everywhere display, while, at the same time, the teeming literature of the period, then becoming enriched not only with original works but with translations from ancient and modern languages, must have supplied him with copious materials for the expansion of his rich imagination and his fertile fancy. His responsibilities as a theatrical manager no doubt compelled him to consult the popular taste in the composition and production of his plays, and hence, I think, may have arisen many of those blemishes which some of them certainly exhibit. The coarse and vulgar language put into the mouths of many of his *clowns* (for so he calls them) are attributable to much the same causes as those which influence managers in the present day, such as the desire to achieve popularity even at the expense of good taste; and the grossness of a few of his plots, so different from the chasteness of the majority of his productions, must be attributed to the same motive. But looking at the results, I can easily conceive how, in the composition of his plays, while weaving out plots and incidents likely to seize the fancy of the multitude, sudden flashes of inspiration illuminated his mind and were transferred to his paper—gleams of splendour which he probably did not foresee when he took up his pen, and which burst upon himself with the force of a revelation.

It is quite admitted, and the remark implies no reproach, that none of his plots are original, but are founded on various tales, romances, or histories which fell in his way, but which he embellished or amplified with the richest fancy, the most charming descriptions of scenery and of natural objects, and the most astonishing inventions of human character. Where he obtained some of his special knowledge of localities and pursuits—as, for instance, of the sea and of sea-faring life—it is difficult to discover, and although his delineations of rural scenes and employments, in which he evidently delighted, were derived from the reminiscences of his birthplace and the haunts of his youth, and revived by his frequent visits to those familiar spots, yet there is no evidence that he travelled much even in England; and it

is mere matter of conjecture that he ever visited or resided in foreign countries. In fact, as far as can be ascertained, he seems to have spent his life chiefly between London and Stratford-upon-Avon; in the former, associating as a genial companion with all sorts and conditions of men, alternating extensive study of books with the ordinary amusements of the day; and, in the latter, devoting himself to those domestic cares or pleasures, or enjoying the calm tranquillity and repose, to be met with in the life of a country town.

Yet, while so employed, what a profusion of intellectual wealth did he bestow upon mankind, himself, in all probability, unconscious of the priceless treasures he was lavishing by his pen! Unlike the majority of great authors, but resembling his prototype, Homer, he has left no description of his own individual character, which is entirely merged in the creatures of his fancy. The personal history and opinions of Homer are lost in the mists of antiquity, while Achilles and Hector, Agamemnon and Priam, Ulysses and Nestor, Andromache and Penelope, stand before us as living realities, depicted in their habits and language as they lived, or as they might have lived, drawn from the recesses of the poet's imagination, but marked with the stamp of Nature and of truth. So the Bard of Avon intrudes none of his personal sentiments, whatever they may have been, upon the attention of his readers, with the exception, perhaps, of some obscure and vague allusions in the "Sonnets." He threw himself into the characters which he drew, and lost his own individuality in theirs; and though Shakespeare himself were a shadow or a myth, yet Othello and Shylock, and Lear, and Macbeth, and Falstaff, are the living and breathing representative types of human character, of which the faithfulness to nature is universally conceded, the pictures of which are impressed upon the minds of all, and their language familiar in every mouth "as household words."

Regarding the pursuits of Shakespeare in connexion with his psychological development, it must be admitted that the exciting motive which gave birth to his marvellous productions was the necessity of the acquisition of property by means of his dramatic powers. The precise circumstances under which each play was produced are at present quite unknown, and the dates at which they were respectively written are only matters of ingenious conjecture; but in all probability the composition of most of them was generally suggested by the emergency of the moment, as in the dramatic compositions of our own time. The public demand for novelty, the appearance of some romance or tale which seemed fit to be adapted for dramatic purposes, the suggestions of some aristocratic patron, and even the

peculiarities or caprices of the players, may have influenced his choice of subjects, and may also in some instances have crippled or perverted his genius. If it be true that Queen Elizabeth, by wishing to see Falstaff represented as in love, was the motive power in the production of the "Merry Wives of Windsor," the inferiority of the Falstaff in this play, as compared with the same character in the First and Second parts of "Henry IV.," receives a reasonable explanation, and proves how widely literary compositions "made to order" differ from those which spring spontaneously from the author's mind; for there is the most marked distinction between the genuine humour, the overflowing geniality, and, we may add, the gentlemanly bearing of the Falstaff in "Henry IV.," and the coarse and vulgar language, the absurd adventures, and the pantomimic horseplay of the hero of the "Merry Wives." So, too, the beautiful lines put by Shakespeare into the mouth of Oberon in the "Midsummer Night's Dream" in reference to the "fair vestal throned by the west," were obviously intended as a delicate compliment to his royal patroness; and the odious and, in fact, overdrawn picture given by him of Richard III. may be traced to the desire on the poet's part to depreciate the House of York, and thereby indirectly to flatter that of Lancaster, from which the Queen was descended.

A remarkable instance of the influence of external circumstances on the psychological constitution of Shakespeare is to be found in the play of Henry VIII. The reign of that monarch, regarded at a distance of more than three hundred years, presents apparently an excellent theme for the powers of the dramatist. Without recalling in detail the history of that period, its prominent features were the character of the King himself, a compound of selfishness, vanity, generosity, meanness, cruelty, scholarship, pedantry, and other heterogeneous and conflicting qualities; the circumstances attending the Reformation in religion and the controversies on the subject; the relations existing between the King and the Pope, and the divorce from Queen Katharine; the murders (for so they were) of the King's wives, including Anne Boleyn, the mother of Queen Elizabeth; and the rise and fall of Cardinal Wolsey. Now, if Shakespeare had been a free agent, unfettered in the choice and management of his subject, what a splendid play might he have written on so copious a theme as Henry VIII. ! But, writing as he did, in the reigns of the King's daughter and of James I., and anxious, as he evidently was, to secure or retain the favour of the reigning sovereign, he has produced only a second-rate play, in which King Henry's bad qualities are thrown entirely into the background, and his

good ones, it must be admitted, are not very prominently displayed. The characters of Queen Katharine, however, and of Cardinal Wolsey, are admirably drawn, and form the redeeming features of the drama. The date of this play is not exactly known, but from psychological reasoning it is inferred that it was begun in the reign of Elizabeth, and finished in that of James I., and the reasoning is as follows:

The chief part of the play being devoted to developing, though not very forcibly, the good qualities of the King, and the circumstances of his divorce from Katharine and his marriage with Anne Boleyn being smoothed over with great tact, the last scene represents a gorgeous pageant attending the christening of the infant Elizabeth, when Cranmer takes the opportunity of delivering a prophetic speech on the future destinies of the royal child; and the most fulsome flattery is really bestowed upon the then aged Queen of England by Shakespeare. But it is to be observed that in the middle of his speech Cranmer, or rather Shakespeare, bestows equal flattery on James I., who is to rise "star-like" and "great in fame," as herself, and "reach his branches like the mountain-cedar to all the plains about him"; and then changing the pronoun "he" into "she," the praises of Elizabeth are resumed, though it is admitted "she must die, she must, the saints must have her—yet a virgin, a most unspotted lily." There can be very little doubt that the eulogy of James was interpolated by Shakespeare after the accession of that monarch, and was introduced to flatter the rising sun, and at the same time to neutralise the extravagant encomiums lavished on the deceased queen, who, as is well known, entertained no great regard for her successor. He, on the other hand, had no regard for her, and on the contrary probably held her in detestation as the murderess of his mother, as no doubt she was, whatever views may be entertained as to the execution of the unfortunate Queen of Scots and the causes which led to that event.

Transcendent as were the psychological energies of Shakespeare, there can, I think, be no question that the plays were written and produced mainly with the immediate object of making money; and it is quite certain that Shakespeare himself paid little regard to them after they had once served his purpose. About the year 1612 he quitted London, and spent the last four years of his life at Stratford-upon-Avon, where he passed his time in easy circumstances. So far was he from employing his leisure in correcting or modifying his immortal works, that his plays were left behind him at the theatre when he left London, and these were not always correct copies, but in many cases consisted only of fragmentary scraps or sheets

made out for the use of the actors. Seven years after his death the plays appeared in a collected form in a folio volume, edited by two of his fellow-actors; but, valuable as this collection undoubtedly was, it was necessarily imperfect in many particulars, and hence the innumerable corrections, or supposed corrections, of the poet's words, and the uncertainty, in too many instances, of his real meaning in many passages.

Imperfectly as his works have reached the present day, there are yet amply sufficient materials to prove the colossal nature of his intellectual powers, although the attempt to form definite conclusions as to the psychological processes by which such gigantic results were achieved must necessarily be abortive. The same bent of inclination which makes a sign-painter in one case, develops in another a Leonardo or a Correggio; the appreciation of harmonious versification which is struggling for expression in the ballad-monger inspires in another instance the pathetic or humorous strains of a Burns or an Ettrick Shepherd; the ear for music which draws melody from the fiddler on the village green or the rustic ale-house, becomes, under cultivation and favouring circumstances, the animating principle of a Mozart or a Beethoven; and the necessities of the play-house and the occupation of what may be called dramatic tailoring may produce little or nothing from thousands of ordinary playwrights, but they have once, and once only in the history of mankind, called forth the genius of a Shakespeare!

The psychological study of Shakespeare himself is a difficult, but a restricted subject, from reasons which have been given in the above pages; the psychological study of Shakespeare's *characters* is a very different and far more extensive theme, which cannot even be glanced at within the present limits.

#### ART. IV.—CODIFICATION OF THE COMMON LAW AS TO INSANITY.

By EDWARD C. MANN, M.D., Physician-in-Chief to Sunnyside Retreat for Mental and Nervous Diseases, New York, U.S.A.

I AM sure that the acute minds of many of our most distinguished lawyers have not failed to perceive the incongruities and deficiencies of the present law, and yet there are many who seem adverse to any attempt to make the law of insanity more conformable than it is with medical science. Lord Justice Bramwell told the Select Committee on the Homicide Bill: "I think that, although the present law lays down such a definition of madness *that nobody is hardly ever really mad enough to be within it*,"\* yet it is a logical and a good definition." He further stated that, in his opinion, the law was right, because it might deter many insane persons from crime by the threat of punishment. Lord Justice Blackburn, in his testimony before the Select Committee on the Homicide Bill, said: "On the question of what amounts to insanity that would prevent a person being punishable or not, I have read every definition which I ever could meet with, and never was satisfied with one of them, and have endeavoured in vain to make one satisfactory to myself. I verily believe that it is not in human power to do it. You must take it that *in every individual case you must look at the circumstances* and do the best you can to say whether it was the disease of the mind which was the cause of the crime, or the party's criminal will." He also said: "*But we cannot fail to see that there are cases where the person is clearly not responsible, and yet knew right from wrong.*" He then goes on to give the case of a woman he tried who had killed one child and was going to kill another, but who fortunately dropped the second child and went to a neighbour, telling her what she had done. This woman clearly knew the difference between right and wrong, and knew the character of her act, and, on the definition in the *M'Naughten* case in 1843, was guilty. Lord Justice Blackburn, however, as the woman was a raving maniac, so charged the jury on the ground of exceptional cases that the jury found her "not guilty, on the ground of insanity," and rightly. The Lord Chief Justice of England, in his criticism of Sir Fitzjames Stephen's plan of

\* Italics are mine.

codifying the law of insanity, said: "As the law as expounded by the Judges in the House of Lords now stands, it is only when mental disease produces incapacity to distinguish between right and wrong that immunity from the penal consequences of crime is admitted. The present Bill introduces a new element—the absence of the power of self-control. I concur most heartily in the proposed alteration of the law, *having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse; the power of self-control, when destroyed or suspended by mental disease, becomes, I think, an essential element of responsibility.*" The Lord Chief Justice of England, in his weighty and truly scientific opinion, the intrinsic weight of which is immense, deserves the admiration of both the legal and medical profession all over the world. Lord Moncrieff, the Lord Justice Clerk of Scotland, has said from the bench that "*in point of fact there are very few lunatics who do not know right from wrong,*" an opinion which I have myself insisted on before the New York Medico-Legal Society in two different papers read there. If we have the *absence of self-control produced by disease of the body affecting the mind*, in any given case of homicide on trial, it seems to me that every fair-minded lawyer in America will concur in acknowledging that we have here a philosophic or scientific principle on which to found the plea of "not guilty, on the ground of insanity," and one which includes the cases of all insane criminals. It does not seem to me that in the question of what constitutes insanity the members of the two great professions of law and medicine should, or at all need to, entertain essentially different and irreconcilable views, or that on the question of the irresponsibility of criminals who are supposed to be insane there should be such a diversity of opinion as exists to-day. The physician naturally studies the whole history of his patient and his ancestry, and searches for the causes of any bodily and mental changes that he finds, and thus arrives at the true pathology of the disease; while the lawyer and jurist is mainly interested in the *existence* of mental disease, its *degree* and its *influence on conduct*. We know far more about insanity than they did in the last generation, and it is obviously unfair that laws pertaining to insanity, when the knowledge of that disease was comparatively in its infancy, should not be amended to keep pace with our increased knowledge of the pathology of mental disease. In that form of homicidal monomania where the patient is possessed of a sudden, blind, motiveless, unreasoning impulse

to kill, I do not think that there is any desire, motive or reasoning intention to commit such a deed, the true pathology of this form of insanity consisting, it seems to me, in a *vis a tergo* received from the diseased action of the brain. We have here a *diseased state of mind with absence of self-control*. We have in suicidal monomania also a *vis a tergo* received from the diseased action of the brain, in which, while perhaps our patient exhibits no other mental derangement, with no delusion or other intellectual disorder, the blind, motiveless, unreasoning impulse to suicide which, alike with the homicidal impulse, is the joint result of undoubted insanity. In both these cases the impulse is long enduring, and gives rise to actions of patient deliberation, and of cunning contrivance. The lawyer and physician are willing alike to recognise disease in the suicidal act; why, then, the apparent unwillingness to recognise disease in the homicidal act? We must not look at these questions socially and ethically, but by the aid of the light of modern pathology, as the Lord Chief Justice of England has done already. There are many persons born with a predisposition to madness, and symptoms indicating that disease display themselves at frequent intervals through the whole course of life, but for many years may never reach such a pitch as to induce those in contact with such persons to treat them as insane. When an overt act is committed by such persons, can anyone question the value of a careful study of the past life and acts of the accused? His life has exhibited the natural history of insanity, and with our present accurate and trustworthy method of investigation, a careful and experienced physician in nervous diseases can clearly point out to the lawyer and jurist the unmistakable evidences of mental disease which the latter, necessarily, alone and unaided, could not discover. The lawyer and physician should naturally aid each other in such investigations, impartially and by the light of science. I have elsewhere pointed out that epileptics are to be classed in the most homicidal group of all, also that puerperal women and women at the climacteric period are subject at times to dangerous delusions, and also that kleptomania is a peculiarity of a certain number of cases of general paralysis. These facts are classical, and should be so accepted by the judiciary and by the legal profession generally. In a paper on "Mental Responsibility and the Diagnosis of Insanity in Criminal Cases," read before the New York Medico-Legal Society and subsequently published in the *English Journal of Psychological Medicine and Mental Pathology*, I suggested a series of eight questions which, it seemed to me, if adopted by jurists in criminal cases, would form a most efficient and just test in any given case. Perhaps the legal profession may prefer



the simpler proposition which, as the result of Sir Fitzjames Stephen's attempt to codify the common law of England on insanity, may be briefly summed up as follows, viz., *homicide is not criminal if the person by whom it is committed is, at the time when he commits it, prevented by any disease affecting his mind from controlling his own conduct.* This is very simple and very comprehensive, and therefore the legal profession may very properly prefer it to my own. The eight questions which I proposed in my paper are as follows, viz. :

1. Have the prisoner's volitions, impulses or acts, been determined or influenced *at all* by insanity, and are his mental functions—thought, feeling, and action—so deranged, either together or separately, as to incapacitate him for the relations of life?

2. Does the prisoner come of a stock whose nervous constitution has been vitiated by some defect or ailment calculated to impair its efficiency or damage its operations?

3. Has the prisoner been noticed to display mental infirmities or peculiarities which were due either to hereditary transmission or present mental derangement?

4. *Has the prisoner the ability to control mental action, or has he not sufficient mental power to control the sudden impulses of his disordered mind, and does he act under the blind influence of evil impulses which he can neither regulate nor control?*

5. Has the act been influenced *at all* by hereditary taint which has become intensified so that the morbid element has become quickened into overpowering activity, and so that the moral senses have been overborne by the superior force derived from disease?

6. Was the act effected by, or the product of, insane delusion?

7. Was the act performed without adequate incentive or motive?

8. Does the prisoner manifest excitement or depression, moody, difficult temper, extraordinary proneness to jealousy and suspicion, a habitual extravagance of thought and feeling, an inability to appreciate nice moral distinctions, and finally does he give way to gusts of passion and reckless indulgence of appetite?

Some or all of the characteristics in number eight are found generally in connection with transmitted mental infirmity.

In closing this perhaps too lengthy paper, I desire to speak briefly upon the subject of testamentary capacity. In my opinion the mental unsoundness of a man, if unconnected with the testamentary disposition, ought not to destroy testamentary

capacity. If the will of a person is not affected by, or is not the product of, an insane delusion, it should be regarded as valid. Delusions *per se* should not, I think, void a will. A person may be a monomaniac and yet have sufficient mental capacity to make a valid will. In such a case the mental faculties are often unimpaired and undisturbed. The most important point to be looked into is *whether the testator has ignored natural affection and the claims of near relationship* in the making of the will in question. The testator's mental faculties must be so far normal that he shall understand the nature of the act and also the consequences of it, and *he must also have a clear idea as to the amount of property which he is disposing of*. There must be a clear, sound moral sense, and the human instincts and affections must be intact. There must be no insane suspicion or aversion, and no loss or impairment of reason and judgment. A person should not be considered capable of making a valid will if the act in question has been the product of, or has been actuated or influenced at all by—first, hereditary taint which has influenced his volitions, impulses, or acts; or, second, by mental disease or insanity which has weakened, perverted, or destroyed the mental functions.

## ART. V.—MANIA ERRABUNDA.

By W. A. F. BROWNE, LL.D., formerly Medical Commissioner in Lunacy, Scotland.

IN antiquated synopses, or systems of nosological arrangement, may be found the words which form a title to this communication. The specific name and the mental excitement which it signified have almost or altogether disappeared. The same observation applies to many other modifications of the neuroses, but in many such instances the designation is the only vestige which remains, like the obscure forms in an archæological museum, of what was formerly, in all probability, an important element or factor in the social or individual economy. Although, for example, lycanthropia and the dancing mania are now rarely, if at all, to be encountered, I may record that, in what is now a very protracted noviciate, a case of each of these species has been committed to my care, which proved, after sufficient experience, to resemble in all particulars the epidemics of the Middle Ages. The disease of which we treat, presented, as its most prominent and characteristic symptom, a propulsion to move, more frequently to run or rush, forwards in a direct line. This wild career was executed without any regard whatever to roads, rivers, or bridges. The patient traversed morasses, stumbled over rocks, waded or swam rivers, and appeared but little conscious of the wounds or injuries or inconveniences received in this procedure. In many examples where information could be extracted from the sufferer, he was not urged onward by any appreciable motive. He did not desire to reach any particular object, and was conscious of no other impulse than a desire for change of place, for rapid motion, and that in a straight line from his existing standpoint. The solitary instinct to wander speedily forwards was the typical germ of the affection; but it is not contended that, in the majority of individuals affected, there were not other motives in operation; that while one might confess to act like a machine in obedience to a blind and unintelligible law, many others would assert that they were escaping from an enemy, an avenger, a phantom, a fire, or some unknown or inexplicable danger; and others that they were attracted by a search for pleasure, or fame, or gold, or some coveted object which could be reached and secured only by the means which they adopted. While marked and distinct forms of this malady are now extinct, a rapid motion, racing, or hurrying to

and fro in the wards or galleries of an asylum, or wherever the sport of insane propensities may be confined, are still significant of many aspects of lunacy. While many diseases have ceased to exist, or have been greatly minimised in number by changes in our manners and customs, even our agriculture, commerce, or government, it may be fairly argued that the Mania Errabunda has been arrested by the multiplication of asylums, and by the seclusion of that class of patients who are likely to be infected or influenced by the tendency described. It is certain that many physical causes, in conjunction with moral perturbations, must have contributed to produce the extraordinary manifestations of muscular and mental excitement in this affection. It might have been predicated that of the latter the depressing passions and sentiments would be the most powerful and prominent; and, accordingly, at a time when this species of mania was placed under such scientific research as then existed, it would appear that whatever enfeebled the vigour of the body, or the emotional nature, established conditions which eventuated, or which might have eventuated, in this running amuck against all external objects. In fact, it has been suspected that the Malay or, latterly, the Indian practice of rushing, being armed with a cutting instrument, through and against all friends and foes who might oppose their path of blood, and striking down every living obstruction, may be little more than a modification in savage tribes of those solitary cases which occurred among people claiming to be civilised or partly civilised. This is all the more feasible when it is known that the performers in these tragedies were previously roused to the highest pitch of excitement and recklessness either by drugs or hatred, or a desire for distinction. However this may be, we find Arnold enumerating among the prime factors of that "spasm" of the large vessels, and even the heart itself, but especially, and conspicuously, of the capillary arteries on the surface of the body in which Pathologically, Panphobia was believed to consist; and effects of "spasm," reaction, relaxation; all of which, in some degree or other, in proportion to the violence and duration of the passion of fear, are instrumental in the production of debility\*—debility inducing that alarm, consternation, terror, which were held to be the first mental stage of this curious malady. More recently we find in Feuchtersleben† that the disease now under consideration has been distinguished as (1) Melancholia, Errabunda; (2) Dull, Attonita. In restless melancholy the patient is contented nowhere—he flies he

\* Arnold on Insanity, 1786.

† 1847.

knows not why or whither. It has even been suspected that the constant desire for change of locality is itself morbid; and, when affecting whole tribes or nations, where neither conquest, nor pasture, nor any kind of profit tempt to migration, may be accepted as an epidemic psychopathy. In retreats and military routs, such as that from Moscow, where the desire to escape from impending danger, or to seek refuge of some sort, actuates thousands or hundreds of thousands, to the utter disregard of honour, order, and discipline, and even of safety itself, there can be no doubt that the mind of each individual of the vast mass of refugees is under the dominion of the mono-idealism of terror, and that neither external impressions, nor the considerations which would affect conduct at other times and under other circumstances, are received or consciously appreciated.

In corroboration of that marvellous discrimination and insight into the diseased as well as healthy elements of human character, which were embraced in the penetration of Walter Scott, and which was signalised in our last number, we may here introduce the fact that in the "Fair Maid of Perth" there has been depicted a striking illustration of Mania Errabunda, in the case of Connacher, who, paralysed by his native cowardice and by the slaughter of his clansmen in the appointed combat, flies from the scene, crosses, as was necessary, valleys and mountains and every impediment, until he loses the consciousness of his all-engrossing panic, and, if we remember, life itself in his vain flight.

It will, we think, be instructive to record that such aspects of alienation are not confined to the pages of a romance, but may be still, although rarely, met with. We were lately consulted by a colonist, whose friends related the following chapter from his recent history. He is a man of education, of strictly moral, even abstemious, bearing, is active and correct in his business habits, is married and has a family. In certain transactions he was uncourteously and unfairly treated by one who was his debtor, at least for good offices, and whose behaviour inflicted a severe wound alike upon his feelings of friendship and conscientious sentiments. This wound seems to have gangrened or to have sunk deeply into his very heart, as he not merely suspended all his relations and intercourse with the offender, but betrayed indifference towards his former occupations; became moody, depressed, even dejected, although his affections underwent no change, and his intelligence, when suitably roused and interested, was as acute and practical as before. He recoiled from the persons, the engagements, and surroundings connected with the insult or grievance, which had inflicted so much pain and disturbance on his mental system; and this

estrangement amounted almost to timidity and apprehension, although it was not panphobic, as his sensitiveness and irresolution were limited in range, as has been pointed out. The observation of those around did not detect any marked departure from bodily health; in fact, the alteration noticed was in his habits of thought and action, and not in discernible loss of strength or health. One peculiarity attracted attention, and this consisted in his tendency to somnolency, when not roused or irritated by the recollection of the affront, which haunted and harassed him, or when not checked or controlled by the circumstances in which he was placed. Without any announcement or communication with his family or dependents, and without any known object, he left home, but was subsequently discovered at the house of a friend, at a great distance, by whom he had been encountered, wandering, or rather hurrying forward, without any settled purpose, and with no intention, so far as could be ascertained, of proceeding to the residence where he found shelter and a home. This escapade was followed by a profound and prolonged sleep, which might have been attributed to fatigue and exposure, had not its duration indicated its morbid character. On being joined by his family he vouchsafed no explanation of his extraordinary conduct, nor did he appear to regard the act committed as at all inconsistent with his own arrangements and interests, or with those of others. On being questioned and urged to confess his motive, and the object which he desired to accomplish, he failed to do either; and it became obvious to himself and to his friends that the period between his leaving his own house and his reception in that of his acquaintance was a blank; that his departure, direction, and subsequent course had no meaning, and had left no explicable impression on his own mind. Even now, when conscious that his actions must have been dictated by disease, he was utterly incapable of assigning any theory, conjecture, or speculation as to the ideas or incentives which hurried him on in his wild and irrational course. When recovered from the fatigues of this journey, he displayed the same change in his original dispositions, the same tendency to slumber at inopportune times, and it was noticed that he often sat staring at a given point, or on the leaves of a book or newspaper, while it could be demonstrated that he really saw neither the one nor the other. Treated somewhat as an invalid, and while, I think, under the care of his medical attendant, he disappeared from the apartment where he had been resting on a bed. He was clothed, but wore no hat, neck-cloth, &c., made his exit through a window on the ground floor, and was not seen or heard of during the day. Upon this occasion he returned spontaneously, having recovered some obscure

degree of consciousness on reaching a spot which he recognised, about twelve miles from his home, and which must have been reached by traversing copse, scrub, road, rough and unreclaimed land, and every kind of surface which a new colony can present. His awakening to the actual circumstances of his case was produced, according to his own conception, by the voice of a daughter, then at a great distance, requesting him to come home. It is likewise necessary to state that he supposed himself influenced by a desire to visit a sister, which was regarded as of morbid origin. At this stage he was recommended to make a voyage to his native country, in the expectation that so great a revolution in the circumstances, scenes, and associates of his life, as would be necessitated by such a course, might expedite the expulsion of his dominant tendencies, and the introduction of mental impressions under the control of his will.

On his arrival in Europe he was seen by me, when there remained no discernible physical disturbance except occasional muscular tremor, chiefly confined to the upper extremities, and having no apparent connection with existing feelings or fancies. He retained, however, the same shyness, sensitiveness, and intolerance of crowds, companies, or even of strangers. He disliked and dreaded recollections and allusions connected with the land of his adoption, with his former employment, with the event which had given so powerful a shock to his nervous system, and it was observed that he avoided opening letters, even of commercial importance, which reached him from his former abode. He was suspected of still gazing steadily and continuously without seeing, and was more curt and uncourteous in his manners than previous to his illness. When consulted, the writer of these lines was too much of an invalid to do justice to the case, and the patient was recommended to place himself in the hands of an eminent physician distinguished for his knowledge of mental diseases, who emitted the following opinion, which may be read with interest, as a pathological diagnosis, when compared with the statement of the rational symptoms previously given:—

“I recognise in Mr. —, who called on me this morning, the early symptoms of cerebral atrophy—a disease obscure in its origin and insidious in its progress. The curious seizures of impaired consciousness from which he has suffered, the diminished power of attention, the depression of spirits, the somnolency amounting on one occasion even to coma, the general fibrillar tremor of the muscles, the intra-cranial sensations and perspirations of the head and face, the sluggishness of the pupils, or smallness of the irides, the diminished sense of equilibrium, the enfeeblement of the circulatory and digestive organs—constitute a group of symptoms, inexplicable only in its theory

that the highest centres are involved in changes, which, considering Mr. ——'s age and antecedents, are probably of an atrophic character. But no irremediable damage has been done as yet. If Mr. —— goes back to business and subjects himself to work or worry, he will break down speedily and hopelessly; signs of organic changes in the brain of a gross or grave nature will soon show themselves, and his life will not be worth five or six years' purchase. But if, on the other hand, he is warned in time, imposes no further strain on an organ that is on the verge of degeneration, but nourishes it carefully and exercises it moderately, then wasting will cease, compensation take place, and he may reasonably look forward to a long life, and to a fair capacity for mental work. Reparative processes are indeed now in progress, for it seems certain that he has gained ground since leaving his business and taking rest.

"My advice, then, to Mr. —— is, do not think of returning to your adopted country or work at present. Take at least twelve months of complete repose of body and mind as is attainable in this country. Don't let the intellect lie fallow, but cultivate it in a new way. Take up some subject as alien as possible to your old pursuits—history, or botany, or entomology; be constantly in the open air, avoid excitement, live plainly, take no stimulants, and follow out the course of medical treatment indicated.

"As in all cases of cerebral atrophy, it is difficult to fasten on the causes of Mr. ——'s illness. Probably constitutional tendencies have had something to do with it (a brother of his died of paralysis), and probably climatic conditions and business anxieties have had a hand in it. The important point to note is that the disease is still in its critical stage, and may be arrested.

"I should recommend Mr. —— to take for some time I. nitro-muriatic acid; II. syrup hypophosphites; III. coca wine."

It is an agreeable close to this narrative to announce that, after taking the remedies and following the recommendations prescribed, the patient has been completely restored to mental and bodily health; and that, with the exception of a slight abruptness of manner, he presents the same characteristics as previous to his indisposition.



## ART. VI.—THE ORIGIN AND GROWTH OF DREAMING.

THE subject of dreaming, as full of mystery and fraught with fascination, has always interested the thoughtful in every age. It seems doubtful whether the innate tendencies of the human mind to unduly love the supernatural has not often caused too much prominence to be given to the dream itself, without enough consideration of the growth of the habit of dreaming. Perhaps, too, the dreams of childhood have not been sufficiently noticed as the germs of the dreams of a lifetime. May it not, indeed, be that the precise form and manner of dreaming is more or less distinctly moulded and determined for each individual very early in life? May not many other dreams, which seem remarkable, be traced back to unconscious memories or impressions upon the brain which have hitherto lain dormant, or in some cases to atmospheric influences, causing both the dream and its fulfilment.

It would appear that a conception of sleep and dreams may be one of the earliest of which we are capable. In counting the distinct words used by a child of two years and three months, in a number amounting to 3,140, of which 1,260 were substantives, all of the latter, as might naturally be expected, were the names of things, and unconnected with ideas, with the exception of 47. These 47 included *sleep* and *dreams*, of which the child had so distinct a realisation that it attributed to flowers the faculty of dreaming, and said, "How much the wallflowers must be thinking, during their long sleep, of what the garden and everything would look like when they awoke." Yet unable to enter into the new products formed out of ideas in dreams, it tried to explain away the wonderful beauty of a certain doll's dress of which it had dreamt, by saying that "it must have been really an old one cleaned and made to look quite different." When a dog who has been in the possession of a kind master for many years, howls in sleep as if beaten, and testifies his joy on being awakened, we may only surmise that he has had terrible dreams of his own former experiences, or of those of his ancestors, and rejoices to find that they are not realities. So too with regard to the dreams of early infancy. We can rarely attempt more than faint guesses at truth, for when an infant of eight months old gives utterance in sleep to terms of endearment which it never uses when awake, and has only heard from

a nurse, who is absent for a night, we have no means of telling whether it dreams of the nurse or of its doll, or is merely an example of unconscious mimicry. It was interesting to trace back to its cause the dream of a child who at eighteen months was much frightened by seeing a hideous old woman with misshapen bloated face, standing by a gate near a country church. A year later, after seeing a similar church, and having eaten chocolate creams in the evening, it seemed to dream of this old woman, and talked in its sleep, exclaiming, "I want to go to the church; I am frightened of that old woman; send away that ugly old woman standing by the gate." Might there not have been in such a case countless sensorial memories, the scent of flowers, the hum of insects, the bleating of lambs, and other sounds peculiar to the time of year, to call up associations and act upon the brain? Very young children certainly dream much of their toys; and any bodily states which would in the adult cause painful dreams of humiliation of self, induce the same in them. The young child is distressed in sleep at the fancied loss of some article of clothing for a doll, or because it has "old milk" given to it instead of new; it dreams that its toys are taken away, or has a nightmare that some one is holding one of which it strives in vain to obtain possession, and a strong effort of will seems to awake it as it exclaims, "I must have my doll's right frock, the one that I want." A striking instance of the direct translation of ideas in sleep into movement of speech was that of an infant of twenty months, who very rarely spoke in its sleep, and on having a mustard plaster put upon its chest whilst asleep, evidently dreamed that a favourite cat had sprung upon it, and exclaimed almost instantaneously, five seconds might have perhaps elapsed, "Oh, naughty Minnie, to jump up at me like that, go down Minnie."

It would seem as if the whole mystery of the mechanism of memory was closely interwoven with that of dreaming, and that the tactile sense plays perhaps the earliest, although other senses also, a most important part in the building up of a good unconscious memory, and consequently in the origin and gradual growth of dreaming. An infant of eighteen months who knows its way about, and can arrive at any precise spot it wishes to find along a most monotonous country road, may seem to be guided by instinct, and suggest an inquiry into the existence of a sixth sense of direction. But if, a few months later, the same child can give intelligent explanations of the spot where it lost something, and lead the way to it, guided by its own indications as "the place where there were a great many nettles in the ditch, a pink dog-rose which grew much higher than a white one, and there was a sweet smell from some clover, which looked

as if it was made into bows," it becomes easy to realise how, when a year older, it can show the way home in London, by a route quite unknown to it and never even seen before; the way this is done being evidently due neither to the possession of a new sense, nor to any special development of other senses. For a young child's mind is open to sense perceptions which, although not lost to the adult, would be received unconsciously, other more violent impressions predominating; whilst the child receives one separate and distinct impression. Thus a railway whistle at a distance of a mile, which acts in so slight a degree upon the adult ear that we are not aware of its operation, is on another occasion perceived distinctly by the vivid mind of this young child, insulated from all other impressions, who led the way in a strange town guided by it. It is easy to conceive how, later in life, all these processes of smelling, seeing, hearing, and comparing become automatic, so that it would be quite impossible to describe how a result was arrived at.

Thus if Mr. Bishop, whose thought-reading recently attracted so much attention, often played at hide-and-seek when a child, the scientific interest of his experiments, even when successful, may be considerably lessened thereby. If the principles upon which children base their mode of playing at this game be inquired into and noticed, I think it will be found that only a child evidently deficient in mental power, ever blunders to and fro in the room without aim or design, seeking and never finding. The intelligent child appears to have two ways of quickly attaining the end he has in view; he may, while searching for the object, seek for information by intently reading the muscular indication of his own proximity to it in his companions' faces and hands. Or, choosing a surer way, knowing that hiding an object so thoroughly betrays the idiosyncrasies of character, that each individual has only a few ways of doing it in consonance with his character, he shuts or fixes his eyes for a moment to concentrate his attention, and then bases his search on the supposed character of the person who hid the object. If the latter should attempt to hide it in a way utterly at variance with the broad lines of his disposition, as shown in his face or felt in his muscles, something unnatural about him quickly betrays itself, and he will choose a place so foreign to his whole nature's bent that it is speedily divined. A good deal of seeming clairvoyance in sleep, and even instances of so-called second-sight may be perhaps explained in the following way. The power of thought-reading, so active in childhood, has left extensive substrata, as it were, of different expressions of people's faces stereotyped on the brain; each flitting expression or glance of the eye having its own meaning attached to it. Perhaps no one

could consciously call up, classify, and utilise these long dormant memories; but an intense concentration of attention may often bring to light and group together old memories which shall seem like intuitions, and apparently produce almost miraculous results. May it not be that some of our keenest intuitions are thus originated, and that occasional opportunities of tracing their source to events in early life, may bear on the origin of many seemingly remarkable or even prophetic dreams? One conscious instance of this process may be worth recording. As a young child I chanced to recognise in a begging impostor a man who had twice before appeared very differently dressed, with a new story of distress each time. I believe that I did not at all enter into the deception, but thinking rather to express an interest and sympathy in the very varying circumstances of his life, I confronted him with, "You have been here before; the last time you were a countryman with a green coat, and all your little children had been burnt in a fire." A fierce glare in the man's eye, accompanied as it was by a volley of oaths, left that expression of the eye indelibly fixed on the brain to be recognised afterwards at most unexpected moments, but never with its true significance at once attached to it, but only after an interval of half-conscious effort to revive the associations. Once it was seen in a pretended clergyman when one of his pupils, probably a mythical one, was spoken of by mistake as Brown instead of Smith! Perhaps a certain halting or sluggishness in the process by which the remembrance was arrived at, made that recognisable to me, which to another would have been a momentary and sure intuition.

Probably first and foremost in the origin of the manner and form of each one's dreaming must be placed the inherited conformation of his brain. Although no two persons dream precisely alike, yet a strong family likeness may often be detected in the dreams most common to those related to one another. Next must be traced a curious relation between vivid impressions of a painful kind, received at a very early age, and the dreams which persistently cling to a person, and reappear throughout the whole after life, in connection with certain mental and bodily states upon which they apparently depend. At about the age of two, sometimes much earlier, there appears to be an important crisis in a child's mental history; its first direct cravings after the supernatural, it "wants to go into the stars," is in intense sympathy with nature in her varying moods; is terrified at the unknown, sees in shadows "great men with big white hands," or a vague "something in the corner." Some of the kindergarten toys would seem to be of great value in inculcating early, before this crisis arrives, the difference

between shadows or semblances and realities. Especially might be mentioned the second gift of the revolving cube. If the critical moment be rightly used, and the source of a shadow be shown to the infant, a great gain has been achieved; it will of its own accord recognise a cat's fear of a top spinning, and reassure it by leading it up to touch it when not in motion, and explain to it that it "must look at it closely and find out what it really is and understand it, and then it will not be frightened at it." But if the earliest fears in the unformed mind of the infant are left to vibrate there, it is hard to tell to what they may not in time grow. Doubtless many nervous miseries would date from such neglect; and it seems quite possible that any tendencies to brain disease would be readily lighted up by the too susceptible mind left untrained, thus morbidly preying upon itself, and that such a child would be also predisposed to fall a victim to the first epidemical illness which should attack it in a form at all severe. A relative of my own, who was narrating instances of the harmful effects of sensational nursery rhymes on the minds of young children, alluded to one intended to deter them from taking birds' nests, by bidding them to picture to themselves "some great monster a dozen yards high, who might stalk up at night to your bed, and out of the window away with you fly, nor stop while you bid your dear parents good-bye, nor care for a word that you said." He vividly described the terror with which he used himself to fancy at night, as a young child, that he saw the great arm put in at the window to take him out. He also mentioned as a whimsical feature of one of his most frequent forms of terrible nightmare, which had clung to him from childhood, that there was always a sweep connected with it, sometimes six sweeps, each one growing bigger and bigger as he vainly tried to elude their pursuit. I was able to account for this, and could trace the peculiarity to a very early infantile impression received from the verse of another nursery rhyme about a child, who "at night when he was gone to bed did jump up in his sleep, and sob and weep and cry again, 'I thought I saw the sweep.'" I never myself saw this traditional being even in dreams, but always after hearing the rhyme recited in the evening was full of horror and unable to sleep for fear lest I should see the sweep. Madame de Staël's confession about "*les revenants*," "*Je ne les crois pas, mais je les crains*," would well embody the experience of many children.

Of nightmare dreaming, my own earliest experiences date from about the age of twenty months. There were only two forms of it: in one my fingers were inextricably entangled in

masses of long yellow hair, from which I vainly fought to free myself, whilst unable to cry or utter a sound; in the other I was trying to open a huge book with golden-edged leaves, which closed just as I was turning them over. Both dreams were accompanied by the same prolonged helpless silence so characteristic of nightmare, from which I always awoke screaming, and with a dread which lasted for a considerable time, when I was so greatly relieved by the presence of anyone near me as to gladly submit quietly to remedies for all kinds of pains which were imagined for me. Most curiously, once, and only once, again these two forms of nightmare have re-appeared in later life—at a moment when bodily and mental tone and power were much exhausted. When at a little more than three years old, I heard of two robberies, a definite form was given as a colouring for many nightmare dreams: holding a door to keep robbers out, or fleeing from them under all kinds of circumstances. A little later a fright from a mad dog added that as a variety of dreaming. Probably some of the worst horrors of nightmare remain unknown to those who, like myself, never see monsters, and lack imagination, perhaps, to experience it in its worst forms; or memory to conceive, when awake, those that have been really experienced, with all the vividness of their terrific associations.

It would be most interesting to know whether those who, when writing on nightmare, have attached so grave an importance to the sensation of dying *in sleep*, as to conceive it possible that death might even take place under such conditions, have ever known what it was to be *really* dying, with an intense and passionate clinging to life, and a perfect realisation how narrowly it was trembling in a balance whose stronger impulse was towards death. Three times I can recall having *died* in nightmare dreams, and the horror of the last gasp always awoke me, and there mingled with the quiet sense of relief and keen satisfaction at being really alive, enough of interest and amusement to leave no dread of going to sleep again. The most agonising part of one dream was a prolonged feeling that a word spoken in time would have saved my life, but that then it was too late, the mouth being too rigid and fixed to frame a syllable. A record of individual feeling, which must so much depend on the more or less vivid power of imaginative memory in recalling sensations with their true force, seems worth little on so great a question. But I should incline to find something most analogous to this dream-death in the feeling experienced when there was temporary loss of speech for a few seconds through the pain and shock of burning. A person on fire tries to give an alarm, the lips faintly move, but all power of emitting

sound is gone; another moment and unconsciousness may ensue. By a strong effort of will the thought comes of the horror of such a death, and with it a determination to fight for life and in some way extinguish the flames. By the time this is successfully accomplished, the power over the voice has been quite recovered. Possibly the same intense effort would have also resulted in audible speech then, as it does sometimes in nightmare dreaming, if it had not had to find an outlet in active movement. That the worst pains of nightmare are due to an imaginary or real feebleness of the will, seems evident from the many futile efforts to conquer it and cry out, ending at times successfully; and yet how vain it is to imagine that it is even then quite vanquished. Just once the dreamer may be awakened by his own cry, and proud of his triumph find that in future the will, again enfeebled, will allow him to dream on in spite of his screams.

As a young child interested in the theories explanatory of dreams, advanced by Dr. Abercrombie in his "Inquiries concerning the Intellectual Powers," I carefully tried to practise dreaming and remembering dreams. Yet I never once succeeded by any effort of concentrated thought, at the moment of going to sleep, in giving at will the slightest colour or form to any feature in a dream. I was often enabled to trace the singular blending of common incidents of daily life with scenes read of in books. Chance words spoken, associations revived by the senses of smell or touch, and a likeness, trick of manner or tone of voice in one person in common with another, often caused me to dream of the one thus resembled, when the similarity had been quite unnoticed in waking moments. A sonnet of Wordsworth's "How sweet it is when mother Fancy rocks the wayward brain to wander through a wood," &c., often repeated as a sort of soothing soporific before going to sleep, might have helped to cause many beautiful dreams of tropical scenery and sunny islands, but I never dreamt of a wood, though often of lakes, rivers and water in every form of beauty. It was singular how a companion, very poetical, and with strong imagination, who made the same experiments, had always dreams the most commonplace or dreadful, whilst my own, with the nightmare exceptions, were full of scenes of beauty and adventure which I might try in vain to conjure up in waking hours. As exceptions to the general rule that we do not create images in our sleep, I can recall two dreams, a childish one of a visit to the planet Saturn, and much interesting converse with its inhabitants, who were like flashes of blue forked lightning. I had been reading an essay on the "Plurality of Worlds," and no doubt revived an old memory of an insane person mentioned by Dr. Abercrombie

as having some delusion about Saturn. Much later, after reading Darwin on "Insectivorous Plants," and having eaten a new kind of turnip, I dreamt with intense satisfaction that, by cross fertilisation, I had produced a turnip woman—small, ugly, in fact an animated, elongated turnip, but capable of being utilised in cleaning knives and carrying water!

One incident, most strangely small to have stamped its impress on the brain so fixedly as to recur at long intervals in varying dreams, is the following: I was not four years old when being for the first time led to church in a London square, a red stone, probably a common pebble, fascinated me and seemed to my childish imagination a ruby of untold value. I had just grasped it when a hand on my shoulder forced me to relax my hold, and the memory alone remained. Three points always appear identical in the dreams, the red colour of the stone, my disappointment at not possessing it, and the stern pressure of the hand upon my shoulder. One such dream, the remembrance of whose details were unusually vivid, I transcribed at the time, as it curiously shows how an imaginative and easily impressed person, who had never chanced to trace the origin and gradual growth of dreams, might regard such a one with superstitious belief and supernatural awe.

I dreamed that I was travelling along a narrow strip of firm sandy beach on the brink of a vast ocean. The scene which lay before me was one of surpassing beauty, the waves dashed furiously in, the white foam crests glistened with dazzling brilliance in the glowing sunshine, and men, women, and children were diving beneath the surging billows in search of gold and sparkling gems. Their life seemed so joyous, so full of glee and merriment, that I often essayed to join them, but ever as I did so I felt the strong though gentle hand of an invisible one restraining me, and heard a voice whispering in my ear, "Love not the world, the world passeth away." "But they are not at present in danger," I said. "There is ever danger," was the reply, "for at any moment, when the great wave comes, they may all perish." I never saw the face of my guide, although I was conscious in my dream of a great longing to see it. Once I thought that I left the beach to snatch a red jewel which glittered on the brink of the ocean, I had but time to grasp it ere the unseen one shattered it to fragments which turned black as I looked at them. Suddenly, while the sun shone brightly as ever, and thoughtless people were still pursuing their search, the great wave came, and all changed to blackness and desolation. At the same instant I felt my feet placed firmly upon a high rock, knew that I was near my guide, saw his glorious face, and behind him lofty hills, peak towering



above peak, and as the rosy light of early morning illumined the faint and shadowy outlines he said to me, "The day dawns and the shadows flee away," and I awoke.

To atmospheric influences acting on the brain and senses unconsciously, might be attributed many of the so-called remarkable dreams, presaging death and disaster. As a striking instance of this I had, connected with a conscious knowledge of the unhealthiness of a certain locality, a dream of ghastly horror; I saw in a room, rarely used on account of its gloominess, a swollen corpse, and, though not recognising any features, quite believed in my dream that it was my own. In the morning I heard that the same night another person in the house had dreamt of my funeral, with the most minute details of the place, circumstance, &c., the coffin was in the gloomy room previous to its removal. Less than a week afterwards, when dangerously ill with infectious fever, I remembered the dream as I looked at my purple, swollen hands, and thought how easily might any belief in such a dream as the forecast of doom, have had a fatally depressing effect, and thus have wrought out its own fulfilment. The other person who dreamed had no illness afterwards; but doubtless some subtle change in my countenance or sign of unhealth accounted, together with the state of the atmosphere, for the singular coincidence of two such dreams. There was added to this the knowledge, in the minds of both dreamers, that deaths from diphtheria had formerly occurred in the house.

Often a strong emotional stimulus will be powerful in evoking dreams which depend upon dormant memories, as well in sleep as in that twilight state when those who recount them will say that they hardly know whether they were waking or sleeping. To quote one under the latter circumstances. A mother, very anxious about a sick child of whom a stranger-nurse had temporary charge, seemed suddenly, in the early morning, to see a bottle, which had been two days before full of very strong brandy, standing empty in her child's nursery. Entering the room soon afterwards she looked with curiosity into the cupboard to find her dream or clairvoyant revelation a reality. This was easily accounted for by natural causes. The mother had once seen a woman in a state of incipient *delirium tremens*, who told her that she was suffering from an American disease quite unknown in England, called the "cold chills," and this woman succeeded for a long time in imposing upon charitable persons and deceiving physicians by simulating hæmorrhage, &c., until at length a brandy bottle was found hidden between her mattresses. Although the mother's attention was concentrated on the state of her child, she no doubt received unconscious

impressions from the odour of alcoholism, this called up the memory of the long-forgotten sufferer from the "cold chills," unconsciously again the association of the brandy bottle unearthed from the mattresses brought to conscious remembrance the bottle of brandy which the intemperate nurse had suggested, after some had been used for the child, would be best placed in the cupboard because the physician was an ardent supporter of teetotalism. No advantage accrued to the child from this dream as the nurse was on the point of leaving. In another somewhat similar case a mother had three successive dreams in one night about an infant to whom a nurse was secretly administering laudanum, and although they may have contributed to the rescue of the child, their origin could be quite as easily explained. She dreamt that she was in a street in Calcutta, a little boy was on the ground writhing in convulsions, foaming at the mouth; like a dissolving view the face changed, and, as it became the face of her own child, she awoke. Again she slept and dreamt of a half-idiotic child with epileptic fits, to see her own child's face as before, and awake. Yet a third time she dreamt. She was now in an opium-smoker's den in the city of Peking; to her surprise, reclining on the ground, leaning against the older opium-smokers, who were all under the influence of the drug, was a young boy, his face too changed and faded until it became vividly transformed into her own child's face, and, trembling with dread, she awoke. A long series of old memories and recent events were strangely blended in these dreams. The mother had known those who had contracted abroad the habit of opium-smoking; was thus really familiar with its smell, and the expression it gave to the countenance; years before, in a group of children's likenesses, one reclining in the position of the child in the dream had been said to look like an opium-smoker, hence that image; and there had been many unusual acts on the part of the nurse sufficient to arouse suspicion.

To briefly advert to those dreams which cannot be accounted for either by early impressions made upon the brain, by dormant memories or local atmospheric influences. How strange is the belief very general even amongst intelligent persons, that the spectre or semblance of a dying one appears in dreams, not to prefigure, but to announce the event. There is a great sameness about all these accounts; to mention two which came to my own knowledge. A father and son dream the same night that they see the brother of the latter, who is captain of a whaler in the Southern Seas, taken up out of the sea, dripping with water, just drowned; both are vividly impressed with the dream as a sad reality. Weeks pass, and

news at length reaches them that he was drowned at the time of the dream by falling overboard whilst harpooning a whale. A mother, whose son is in the Navy, on board one of H.M. ships stationed at a port in South America, dreams with strange distinctness that her son appears as dead standing between the curtains of her bed; she laughs at the dream, and, merely regarding it as a curious fact, takes notice of the day and hour, to find that her son died at that very time, taking into account the difference of longitude.

Allowing for many strange coincidences, and for the frequency with which such dreams take place without any fulfilment, when, as Lord Bacon said, "men mark the hits and not the misses," there still remains so large a residuum of unexplained phenomena of this kind as to make it seem possible that there may be some physical cause yet to be brought to light to account for them. What if an atmospheric current still remains to be discovered, of which we cannot as yet even dimly conjecture the nature? And if the researches of Matteucci and Du Bois-Reymond into the electrical relations of nerve, by showing that there are currents of electricity engendered in nerve as in other animal structures, which are actively circulating in it, should tend in the distant future towards the elucidation of this obscure subject?

How, too, can we account for the many stories on record of dreams said to have completely changed the current of men's lives? Was it that an unconscious change really caused the dream? Or can a fugitive effort of will in sleep be stronger than its persistent efforts in waking moments? Just as a person who is unable at all times in a waking state to overcome a nervous dread of danger of some kind, may yet occasionally gain the mastery over nightmare terrors in dreaming.

The mystery of dreaming is, after all, little lessened by slightly realising the manner in which the mind goes back to the past for its ideas in sleep. Nor is the greatness of the wonder diminished when we consider the countless thousands of distinct pictures in the mind—all in a latent state—and how closely the whole mysterious subject of the origin and growth of dreaming is interwoven with others equally obscure, as, for instance, the mechanism of memory, and the origin and nature of our intuitions.

WYMA.

## ART. VII.—MATERIALISM AT THE INTERNATIONAL MEDICAL CONGRESS.

BY J. M. WINN, M.D., M.R.C.P., &c.

ALTHOUGH the International Medical Congress cannot be said to have added much to our store of medical knowledge, it must be admitted that, as a social gathering, it was a great success. It is, however, to be regretted that there was one dark blot in its proceedings—the advocacy of *Materialism* by Professor Huxley, in his address on *The Connexion of the Biological Sciences with Medicine*.

Inasmuch as the Professor is one of the most strenuous supporters of materialistic doctrines, the title of his address is singularly inappropriate, inconsistent, and misleading. What right has he to adopt the definition of *biological science*, which wholly relates to *life*, when he ignores the *vital principle*? It would have been more candid if he had styled his address: An attempt to prove that all vital phenomena are the effects of mechanical and chemical forces.

No one can object to the prefatory remarks in the address, which have reference to the valuable aid medicine has derived from modern discoveries in physiology and chemistry; but this, however true, is not new, and is familiar to nearly every second year's student at our medical schools. When, however, the Professor leaves the beaten track of facts and gives utterance to the dogmatic assertion—that there is no contrast between living and inert matter—he makes the most glaring and egregious blunder. In speaking of Descartes and his followers he makes the following observations, which are unwarranted by those very modern discoveries in science for which he professes unbounded admiration: "Others, on the contrary, supported by a robust faith in the universal applicability of the principles laid down by Descartes, and seeing that the actions called 'vital' are, so far as we have any means of knowing, nothing but changes of place of particles of matter, look to molecular physics to achieve the analysis of the living protoplasm itself into a molecular mechanism. If there is any truth in the received doctrines of physics, that contrast between living and inert matter on which Bichat lays so much stress, does not exist." If Professor Huxley had been thoroughly acquainted with the researches of Professor Lionel Beale and others on cell-life, he surely would not have proclaimed to the world the extravagant hypothesis that a living body is a mere piece of molecular mechanism; a theory which, he must be aware, if true, would tend to subvert the fundamental principles on which morality and polity are based. The following observations from Dr. Lionel Beale's *Lumleian Lectures on*

*Life and on Vital Action*,\* are diametrically opposed to Professor Huxley's view. After an elaborate description of bioplastic movements, he remarks: "Of the several primary vital movements I have described, none can be initiated. They are peculiar to living matter, and not one of them has been explained by physical law. No mere physical or chemical attractions or expulsions, on the part of any material particle, at all resemble vital movements. . . . I beg you carefully to consider the evidence upon which the views I have advanced are based. It has been affirmed that the phenomena occurring in the simplest living matter, are not far removed from the phenomena of the non-living, and, like these, are to be explained mechanically, but only the *operation* not the *explanation* is forthcoming." We are not aware that Professor Huxley has paid special attention to microscopic investigation of living tissue, and are therefore not inclined to give so much credence to his haphazard remarks, as to those of Professor Lionel Beale, who has devoted a life-time to the patient observation of living tissue with microscopes of the very highest power.

About four years since Dr. Huxley expressed his belief that vital force is a sort of crystalline force. A crystal as much resembles a life cell as an icicle does a warm palpitating animal.

One of the most reckless assertions in the Professor's address, showing the unphilosophical haste with which he adopts fiction as fact, was the affirmation that "living matter differs from other matter in degree and not in kind; the microcosm repeats the macracosm; and one chain of causation connects the nebulous original of suns and planetary systems with the protoplasmic foundation of life and organisation."

It would have been more in accordance with sound philosophy if the Professor had waited till the nebular hypothesis, which is at present *in nubibus*, had been proved, before announcing it as a fact. We have not the slightest desire to check scientific inquiry, but the vice-president of the Congress surely might, for the sake of humanity, have paused before giving the weight of his authority to visionary, extravagant, and *unverified* theories of a decidedly atheistical tendency. The subtle sophistries of his school are doing infinitely more mischief than the outspoken blasphemy of Bradlaugh.

It is a marked feature in the constitution of the Professor's mind, that he is always in such hot haste to propagate fanciful speculations. The speedy collapse of his theory—that sea-mud and bioplasm were identical—should have been a warning to him to be more cautious for the future. His notion also that

\* *On Life and on Vital Action*. London: J. A. Churchill, 1876.

a living organism was the same as a crystal, to which we have previously referred, is another example of the mode in which he is carried away by his imagination. Moreover, he still persists with a pertinacity worthy of a better cause, to uphold evolution (that modern figment of science which the Rev. F. O. Morris, the distinguished naturalist, has happily termed "The Darwin Craze"), after the innumerable unanswerable objections which have been advanced against the hypothesis; the chief of which I published in my "Collapse of Scientific Atheism,"\* and which, to any but a prejudiced inquirer, must have shown incontestably that Darwinism is played out.

At the Congress, Dr. Bastian's attempt to revive the exploded materialistic theory of spontaneous generation, was a complete failure.

In the Physiological Section Dr. Ferrier exhibited two of his uselessly mutilated monkeys, to show that injury to particular parts of the brain will produce paralysis, which might have been taken for granted without vivisection. As regards the localisation of the moral and intellectual faculties in the brain, Dr. Ferrier is no nearer the goal than he was six years since. The dog exhibited by Professor Goltz, and from which he had removed the greater portion of its brain, afforded evidence opposed to the views of Professor Ferrier. Inasmuch as a dog is a more intelligent animal than a monkey, we are inclined to give our vote in favour of the dog.

Since the above remarks were written, the British Association for the Advancement of Science has held its annual meeting at York. Its proceedings fully bear out the character I gave of it last year in *The Journal of Psychological Medicine*. I described it as a gigantic pic-nic, enlivened by sensational addresses on materialistic philosophy, and that it might be not inaptly termed: An association for the advancement of infidelity. In their recent addresses, Dr. Huxley and Sir John Lubbock have done their best to maintain the materialistic character of the association; and it is a great misfortune that its members should allow these gentlemen to take the lead in its proceedings year after year. Their scientific fallacies would matter little, and they might be safely left to the sobering influence of time, had it not been for the baneful influence they are exciting on those younger members of society, who have neither leisure nor opportunity for the study necessary to enable them to perceive the shallowness of the pernicious and

\* *The Collapse of Scientific Atheism*. London: David Bogue, 3 St. Martin's Place, W.C. 1880.

fallacious doctrines, so loudly espoused by Drs. Tyndall and Huxley.

The president, Sir John Lubbock, in his address endeavoured to make it appear that the difficulties of the Darwin theory were more and more being overcome. This we most emphatically deny. Even his protégé, the industrious ant, rises up ungratefully, in arms against his patron. Sir John has taken great pains to endow him with the attributes of the human mind, but he did not see that in doing so he was breaking the ingenious chain which was to link the anthropoid ape with man. Sir John admits that, although the anthropoid ape approaches next to man in bodily structure, the ant claimed the next place to him in intelligence; therefore, inasmuch as mind is superior to matter, it happens after all, that it is not the monkey but the ant who is our immediate progenitor: if not, man must be a cross between the ant and the baboon, or, as a late popular novelist might put it: In the morning of life the industrious married the grotesque, and their offspring was the human mind. This is only one of the many absurdities which follow in the wake of Darwinism. But we are indebted to this intelligent creature, the ant, not only for his refutation of the evolution theory, but also for his having afforded an argument opposed to the views of Dr. Ferrier, and other materialistic physiologists. If, as they assert, a brain of complex structure is necessary for the manifestation of intelligence, how is it that the ant, with a simple ganglion, large only in proportion to the development of the eyes, *antennæ*, &c., is so much more intelligent, as Sir John Lubbock contends, than the anthropoid ape?

Professor Huxley in his address on "The rise and progress of Paleontology," bandied the old arguments in favour of evolution, without attempting a reply to the numerous objections to it. The only inference we can draw from his persistent reticence, is that he cannot answer them.

In the Zoological department, Miss Becker expressed her displeasure that the meetings of the association had been described as huge pic-nics. She evidently prefers sensational addresses, like those of Dr. Huxley's, which draw well, to sober sensible discourses such as Mr. William Spottiswoode's. It is a notorious fact that sensational lectures with a spice of wickedness in them attract the largest audiences. We have no doubt that if some one were to announce an address entitled "The existence of a Deity disproved by the spectrum analysis," or something equally impious or absurd, that the draw would be immense. There is nothing like *ad captandum* atheistical rhetoric to attract a thoughtless crowd.

## ART. VIII.—VISUAL DISTURBANCES EXPERIENCED.

BY A FORMER MEDICAL SUPERINTENDENT OF THE INSANE.

THE subject of the following illusions, after six months' unheeded warnings, broke down about two years ago from heart disease.

At first, and for about two months, it manifested itself chiefly in attacks of angina pectoris, which were specially neurotic in character.

These were followed by gradual general improvement, but leaving the subject of them open to recurrent attacks, and especially liable to suffer from physical or mental exertion.

This condition of improved, yet impaired health, continued till the spring of this year, when the writer became the subject of what may be called an attack of acute dyspepsia, during the development and persistence of which occurred the phenomena of which the following notes are an imperfect record.

The attack referred to was indicated mainly by intense thirst, a foul tongue, bad taste, loss of appetite, persistent constipation, loss of sleep and mental exaltation.

The notes were sent to a medical friend during convalescence, but were certainly not intended for publication, which, however, has been assented to on the advice of others. They embrace a period of nine weeks, three of which, however, are a blank, as the phenomena then were too complicated and confused, and the writer too ill to analyse or remember them. During the two last weeks of the period they were too vague to be worth noting.

They have been re-read, but left nearly in the condition in which they were at first recorded. As the attack was followed by considerable prostration, during which was penned the description of the unusual phenomena, it is neither so lucid nor so vivid as otherwise it might have been. After all, only salient points are recorded.

## I. Visual disturbances first noticed.

## (a) Flashes of light.

These were similar to so-called summer lightning—sudden faint flashes of light, seen, however, in daylight, which involuntarily drew attention to the sky and the clouds. It was only by careful observation that they were made out to be subjective. The moment attention was directed to them they ceased to exist.



(b) Zones of light.

This was a more advanced, and therefore more persistent condition. On looking at a cloud a yellowish zone of light surrounded it, or a portion of it, which persisted only for a short time, but long enough to determine its source and reality. The area within the zone seemed a little darker than the cloud itself.

(c) A dark central area.

This, as seen, presented a dark circular field, which increased in darkness until the ground became broken up into a mass of black minute moving objects. In form they were stellar cruciform, or exhibited some irregular polygonal outline. In size they were  $\frac{1}{16}$ th to the  $\frac{1}{32}$ nd of an inch. In number, say a thousand. In colour, black. Their motions rapid—a veritable dance of atoms. They had very much the appearance of a swarm of animalcules on the field of the microscope.

The above series of phenomena were introductory to those which follow. They were most marked when looking into diffused daylight. They lasted for about ten days. They regularly succeeded each other, each gradually increasing in intensity, then declining and merging into its successor.

II. Disturbances which occurred after a three weeks' interval. They are described when they are supposed to have reached their greatest intensity.

(a) The gas when burning looked like a jet of electric light.

(b) The fire like a reservoir of melted metal at white heat.

(c) Daylight a brilliant haze.

(d) The sun was too bright for even a venturesome gaze.

(e) A page of print looked exactly as if a strong brush had been dashed through the paper, leaving the words and letters broken into fragments. As the fragments were dissociated from each other only within narrow limits, by a special effort of attention a word, or even a line, could be made out, but reading was impossible, and for many weeks the writer was deprived of his main solace during the previous eighteen months' forced retirement from active work.

The disjecta membra, verbal and literal, were confined to the centre of the visual area, outside of which the rest of the page was a vague confused mass.

(f) On looking into the open day nothing was seen but a confused haze, in the centre of which fragments of objects could be seen very much as the words and letters referred to. Here, as there, by a special effort of attention they could be made out more distinctly.

III. Phenomena which are still more complex and peculiar.

(a) Looking at the ceiling in the dark, or with the eyes shut,

it matters not which provided light be absent, a dark form is seen, representing the shape of the human eye enlarged, that is, a spheroid, with its longer axis horizontal, apparent size a foot to 18 inches, the central third of which corresponds to the central axis of vision. This is a dark grey oval plane, on which is seen a moving for min soft bright silvery light. The nearest comparison to it which I can think of is the frilled border of a lady's cap, or much better, a piece of intestine. In the latter you have the convolutions extending along one side, on the other a puckered line. Suppose this laid on the plane referred to in a circle, the puckered line towards the centre, the convolutions looking away from it, the central third of the area being free. The white glistening appearance of the intestine, as well as its outlines, presents as nearly as possible the phenomenon described.

It has, however, not only form and colour, but motion. This motion is continuous, and very peculiar. The circle of convolutions move slowly and regularly backwards and forwards towards the centre, but never reach it. The whole circle does not move at once, but successively in three or four sections. They invariably left the impression that they were the result of some regulated piece of mechanism.

This vision lasted for many days and nights, seen with eyes open or shut, best seen in darkness; even in daylight it could be made out, though indistinctly; in short, it was evidently persistent, though it ceased to become an object of consciousness when attention was strongly directed elsewhere.

Like all the other phenomena it gradually declined in intensity, and merged into others; however, even when others had taken its place and had become more prominent, it could still be traced as a shadow.

(b) Another figure which succeeded this was entirely different. Its form was that of a rayless composite flower, say a Michaelmas daisy. It was about  $\frac{3}{16}$ ths of an inch in diameter. The centre was filled with a golden flame colour, surrounded by a narrow, somewhat irregular black line or border.

Whenever the attention was directed to it the golden centre became gradually filled with black points, which passed into rapid motion, then it gradually faded into darkness.

This vision lasted for two or three minutes, was constantly seen in darkness or with the eyes shut, but only imperfectly in light. It lasted for a period of about ten days, when, like others, it gradually declined in vividness till it disappeared.

IV. Another vision, or rather series of them, still more extraordinary, presented themselves as figures of living creatures. The larger mammalia wild and tame, birds, serpents, and fishes.

They seemed to occupy the same relative position to the central axis of vision as the intestinal circle already described.

(a) As to their forms, they were only *partial*, that is, only a portion of the figure was visible, viz., the head and shoulders. They were not only partial, but *imperfect*, that is, the forms were always distorted, just enough of regularity left to ensure identification.

(b) In position their heads were always towards the centre.

(c) Their numbers were four to six standing in a circle.

(d) Their motions, as in other cases, were slow, deliberate, see-saw, not altogether, but successively in sections to and from the centre, but never reaching it.

(e) The same set of figures always appeared together, and continued for a day or two, when they were succeeded by a new series.

V. Another series may be described as follows:

When the room was dark, or the eyes shut, the whole area of vision, not the centre merely, as hitherto described, was occupied by a black ground, on which appeared, as if painted, a series of geometrical figures as lines, angles, in flame or gold colour. They had very much the appearance of Japanese paintings minus, however, all organic forms.

This appearance gradually faded away as improvement progressed. The forms remained the same, but the colours gradually grew fainter, the dark ground becoming lighter, the golden patterns passing into dull yellow, salmon, and various shades of grey.

#### VI. Eccentric Phenomena.

In looking at an object in the axis of vision we see it directly and distinctly, but are at the same time indistinctly conscious of other objects lying in an outer circle.

The preceding series of phenomena were confined to, or at least most prominent in the central area of vision; the fifth, just described, occupied the whole field, outer and inner; that which we now proceed to describe was confined to the outer circle.

The centre in this case was dark and unoccupied by objects of any kind. The outer circle was filled by what can only be described as exactly resembling the ordinary patterns seen in wirework. These varied from time to time, each new pattern succeeding a former one, while within the meshes of the network the animalcular forms already described continued vigorously their atomic dance.

#### VII. Special Phenomena.

We may here add that visions of a more pleasing if not more interesting character sometimes, though rarely, made their appearance. They were entirely scenic, as distant towns, seas, lakes, cliffs, mountains, &c. They were always single pictures,

and were never repeated, as was the case with the other visions described.

As to an explanation of these phenomena, the writer has nothing whatever to say. His object has been to record and describe the facts as truthfully as he was able, and he begs now to conclude with a few general observations which he thinks worth noting.

1st. The absence of colour.

Black, white, and flame colour, that is modifications of natural or artificial light, were characteristic of all the phenomena, the more intense passing into fainter shades as the successive visions gradually declined.

On only two or three occasions were colours seen, and these faint and transient, as a pale pink, a light blue.

2nd. There is the rarity of single pictures or objects, these only occurring a few times and within the limits of two or three days, apparently just when improvement had begun.

3rd. There is the gradual growth, perfection, and decay of the successive visions as they gave place to or merged into one another.

4th. Another characteristic was the persistence of the declining phenomena after their more marked and vigorous successors had taken their place. This was constantly noticed. Sometimes three successive visions could be made out at the same time, each appearing more faint according to its distance in time. When so seen they were never mixed up irregularly, but appeared as occupying successive strata, leaving the impression that they were really persistent, but lost to view by the successive additions made by their more recent and more vigorous companions.

5th. The deliberate, regular, machine-like motions, as well as their repeated similarity in this respect in the successive visions, is another interesting characteristic.

6th. There is the position the various phenomena occupied relative to the axis of vision. By far the greater number presented themselves in the centre of the visual field where objects are seen directly and distinctly. A few only occupied the external area where objects are seen indirectly, as the zones of light and the wire-net phenomena. Fewer still occupied the whole area, as for example the Japanese figures.

In conclusion, as to the eyes themselves, no change was noted in the body of the eye external or internal, no pain was felt nor discomfort experienced except what arose from a tendency to lachrymation. This tendency was especially manifested during the later stages of the disease, and continued for about a fortnight after visual disturbance had ceased, and when convalescence was far advanced.

J. G., M. D.

# ART. IX.—LEGAL MEDICINE IN FRANCE.

THE following are interesting as fair typical examples of the manner in which reports are furnished by medical men in France regarding the mental condition of individuals placed under their observation ; and they will be found, upon examination, to leave very little to be desired. The cases in question happen to be of particular interest, and we bring them before our readers as an introduction to the third, and more important article, a medico-legal review of the numerous cases judged and dealt with by the French Courts of Assizes (during 1877), which have reference to mental alienation or nervous disorders. The suggestive nature of the latter article will be increased by consideration, in connection with it, of the present state of legal medicine in this country.

## ARTICLE I.—*Report on the Mental state of Dominique Watrin, accused of an attempt to murder. Irresponsibility. Order for his discharge.* By Drs. Giraud and Christian.

WE, the undersigned, Dr. Jules Giraud, director of the asylum of Maréville, and Dr. Jules Christian, chief medical officer, requested by the Judge of the tribunal at Nancy to examine the mental state of the above-named Watrin, accused of an attempt to murder, have upon oath, soul, and conscience, written out the following report, after having investigated all the details of the procedure, and examined the delinquent :

*The Fact.*—MEMORANDA.—On November 6, 1877, Dominique Curé, carrier at Saizerais, had come to Pont-à-Mousson, about half-past seven in the morning. After having completed his business he had started again about ten o'clock. Curé was in a cart, which he drove himself ; he was accompanied by his daughter, aged fifteen, and by Lévy, a young man of seventeen, from whom he had bought a horse. When they had arrived at the forges of Pont-à-Mousson they saw an individual on the road who was armed with an iron spade, and who called out to them to stop : " If you don't stop you will be killed," he said. They paid no heed to these words, thinking they had to do with a drunkard, and continued on their way.

The individual, however, began to run after the cart, which he reached again by the match factory. He first of all appeared

at the horse's head, but then ran to the back of the cart, climbed upon it, and, after having taken Curé's cap off, struck him five or six blows upon the head with his iron spade. Curé fell down bathed in blood. The young girl, who tried to defend her father, screamed, and some workmen ran to help; she was, however, also wounded in the struggle. The murderer was then arrested, without making the least resistance. But when his victim had already fallen to the ground senseless, the criminal dealt him two further blows. When Watrin was arrested he had 160 francs and a gold watch and chain upon him.

Such are the circumstances of the crime, as related in the depositions which the daughter of the victim and the persons who ran to her assistance made before the gendarmes, and before the Judge of the Peace of Pont-à-Mousson. Watrin did not in the least try to defend himself, nor to deny or excuse his crime.

To the judge he replied, "I own that I struck blows with the spade upon the head of the individual who was in the cart with his daughter; it is possible I may also have touched the latter. I know nothing about it."

And when the magistrate asked him the motive for this brutal assault, he said: "I did not ask his permission to ride in the cart, I told him to stop his horse. I struck him because he would not obey my order to stop. *I don't know the victim, I have never seen him.*"

The interrogation continuing, the culprit began to make departures from the subject, and to speak incoherently.

The next day, November 7, he appeared before the Judge of the Criminal Court, but in spite of the Judge's questions the culprit remained in absolute silence and immobility, so that the Judge was compelled to give up the examination.

The singular attitude and the strange manners of the culprit caused a suspicion immediately that his mental faculties were impaired, and the investigations made by the legal authorities have all confirmed this supposition. From the inquiry made by the authorities at Metz, it appears that Dominique Watrin was born at Noisseville on January 24, 1838; that he remained unmarried, and lived with his sister. The two possessed a house, some fields and vineyards, worth altogether about 15,000 francs (£600). Besides, he was said to have deposited some 3,000 or 4,000 francs at a notary's.

Mentally diseased for more than two years, he had never been dangerous. For the last three months, however, in his disease a bad change occurred. In July, and also in November he entered into the church with a hayfork to kill the curate. He had recently also behaved very violently towards other inhabitants of the parish.

The mental disease of Watrin had become so evident that his sister was obliged to have him watched and to keep her own eyes upon him as much as possible. Upon several occasions, however, Watrin had successfully deceived those who watched and had started across the frontier into France. Two of these escapades are related in a "procès-verbal" taken down by a special police commissaire of the station at Pagny sur Moselle.

About two months before the crime, Watrin had arrived at Pagny from Metz, by the train at 2 P.M., with a ticket for Nancy. The commissaire, who, through the strange replies he gave, concluded that his intellectual faculties were troubled, handed him over to the care of a gendarme, with the intention of sending him back to Metz by the first train. Watrin managed to escape and ran after the train for Nancy, at the risk of being crushed by an engine, then just passing through the station. The gendarme tried to recapture him, when Watrin made an attempt to snatch the gendarme's sword away from him, and he had to be thrown to the ground before he could be entirely mastered. He was by force placed in the train which left for Metz. At the moment of starting Watrin threw on the line all the money he had in his pockets, and screamed out that it was Prussian money and that he did not want it. There was just time to pick up what he had thrown away, and it was handed back to him.

During the night from December 5 to December 6 he came back to the Pagny station, and again a police inspector, finding that he had to do with a madman, led him on the road to Novéant, asking him to return home. This time again Watrin wanted to go to Nancy, where he hoped to obtain the post of "director of the Post Office."

Watrin went along the road which was pointed out to him, but a few hours afterwards he came back, and then went in the direction of Pont-à-Mousson. It is probable that he passed the rest of the night wandering on the road. However, he entered a builder's yard and there took the iron spade with which he struck his victim.

At the judicial inquiry the depositions of all the witnesses agree perfectly. Watrin is mentally deranged; he has been known and looked upon as such for a long time in his own parish and by all that had to do with him. Nay more, for the last three months his condition has become dangerous; he had threatened several people most gravely, he had committed acts of violence, and his sister had to have him watched. How is it to be understood that the authorities of the parish should not have intervened, that nobody should have thought of having the patient shut up, that he should have enjoyed perfect liberty.

up to the very day when he committed an irreparable crime? It does not lie outside of our duties as experts to deeply deplore this culpable negligence.

*Direct Examination.*—The direct examination of the culprit, which we continued for some time, has confirmed in every respect the results of investigations which we stated above; we were not in doubt for a moment that we had to do with a person really demented.

Watrin is a short, thin, wrinkled man, with a sly and cunning expression in his face. Since his entrance into the asylum his behaviour has been invariably the same. Concentrated within himself, not speaking to anybody, not seeming to heed in the least the other patients who surround him, he generally walks about with his arms crossed, making strange gestures, posing himself into various attitudes, and very often murmuring in an undertone some unintelligible phrases.

When he is under examination, he replies willingly, and his replies at first are tolerably correct. But as soon as the conversation is prolonged, or perhaps because it does not turn upon those points which preoccupy his mind most, he loses himself in interminable deviations and becomes incoherent.

Of this we have proof in the numerous conversations which we have had with him.

December 3, 1877.

He replies correctly to the questions with regard to his age, his birthplace, &c. We ask him whether he is married; without hesitation he replies: Yes.

Q. What is your wife's name?

A. Madelaine St. Paul.

Q. Is she from Noisseville.

A. Yes.

Q. Have you any children?

A. No.

Q. Is your wife still alive?

A. I don't know whether she is still alive, but when I left Noisseville, a month ago, she was still alive.

Q. Did you live happily together?

A. She has chosen other men; she eats and drinks with other men. I have seen her working with them in the fields.

Q. And you permitted her to do this?

A. I gave her my permission? Yes, to work with other men as she pleases.

Q. And you think this in order?

A. She goes her way, and I go mine.

With regard to his marriage his replies are always the same, and equally senseless.



January 15, 1878.

Q. Are you married?

A. Yes, with Madelaine St. Paul; my wife is down there.

Q. Since when?

A. Since January 12, 1872.

Q. Did you live with your wife?

A. Our possessions have never been mixed, and my wife has never come to live in the house; I have never slept with my wife.

Q. Why not?

A. It is her religion to work with others, be it in the fields or in the house.

The truth is that Watrin is not married, and that he has never been married. Madelaine St. Paul is the name of his mother, and we may be allowed to suppose that a whole series of erroneous ideas are connected with this illusion about his marriage. A proof of this is that on the day when Watrin was arrested at the Pagny station he let drop from his pocket a paper which is before us, and upon which the following is written in the writing of the accused, in unshapely letters:

*Je soussigné*

*Dominique Watrin,*

*Demeurant à Noisseville,*

*Département de la*

*Moselle, canton de*

*Vigy, né le 24 janvier 1838*

*et marié le 12 janvier 1872 et valeur d'un bien de 8000 francs meuble (word scratched out) transportés en chemin de fer jusqu'à temps pour avoir suffi jusque la mort.*

*Jules Watrin.*

It will be noticed that in this piece of writing, which is incoherent, both the idea and the date of the marriage, as having taken place on January 12, 1872, occur again, just as he gave them during the direct examinations. This is the evident proof that this idea pre-occupied him, that it had with him assumed the character of a fixed idea.

Another series of ideas dominates him equally.

December 3.

Q. Why did you leave Noisseville?

A. Ah! that's for a reason; because the territory is overrun by the Prussians; because this cannot be arranged with the French power; because there is war; because the two powers cannot arrange matters; because there is a part, separation.

Q. But the war has been over a long time?

A. Ah! I believe in 1869, down there, in the month of August, or September, I am not quite sure.

Q. Were you not in the war?

A. No; I was at Metz during the time of the siege.

Without cessation he returns to this war of 1870, and, although whatever he says about it is confused and unconnected, yet it is easily seen that it constantly preoccupies him.

He imagines that it is his business to arrange the line of demarcation between the two States, and that is the cause, he says, why he struck the carrier.

December 3.

Q. Why did the gendarmes arrest you?

A. Ah! that was because I have stopped a man with a cart. He would not stop; then when I saw that I struck him some blows with a spade, and I left him three-quarters and a half dead. Some people came, and they seized me, and fastened me, and fetched the gendarmes.

Q. What had that poor man done to you?

A. He had not obeyed my commands.

Q. Had you then the right to command him?

A. Yes, because I am upon my French territory and he was a Prussian. He would not obey; it is to establish laws, so that railways, commerce, everything may go on between the Prussian power and the French power.

On January 15 his replies are almost identically the same:—

Q. You know what you have done?

A. Yes, I have dealt some blows with a spade to a poor man on the road from Pont-à-Mousson to Nancy. Poor man! I nearly killed him three-quarters and a half.

Q. What had this man done to you?

A. He had not done me any harm. It was, as I told you, to create laws between Prussia and France.

Q. You know that you run the risk of being sent to the galleys?

A. Yes, Monsieur le Médecin: the galleys, be shot or guillotined for having struck this poor man. You are the master. You hold my judgment.

Q. You do not feel sorry?

A. Yes, M. le Médecin, yes. But, *que voulez-vous?* France has to make an arrangement with Prussia, and every day the wine or corn vans would be broken.

In all our conversations, and hardly any days have passed without our speaking to him at the time of our visit, Watrin gave us the same identical answers. In a letter which he wrote to his sister upon the occasion of New Year's Day—a letter which we asked him to write—it is again the idea of the rôle of arbiter which he is to play, which reoccurs:

NOISSEVILLE : le 7 Janvier 1878.

*Chère Parente,*

*C'est pour vous annoncer de mes nouvelles, que j'ai partit de Noisseville et sur la route de Pont-à-Mousson à Nancy, j'ai meuru un homme et je l'ai tué a 374 et demi et de là est on m'est conduit en prison ou j'ai souffert la faim, et si vous pouviez faire mon changement et me créer un demeure meuble et immeuble pour travailler jusque le bout et c'est pour séparer la France d'avec la Prusse et je vous souhaite tous et toutes une bonne année.*

*Discussion.*—After all that we have said, a few words will suffice to characterise the mental state of the culprit. It seems to us indisputable that Watrin is really demented, and we have the evident proofs of this in his words, his writings, his action, in the whole of his manners and ways for more than two years. It seems to us even extremely probable that Watrin is under the influence of a hereditary predisposition to mania, and that all his life he must have behaved singularly and strangely. But this is only a supposition on our part. What seems to us more certain is that the outbreak of the mania dates back more than two years, and if this outbreak has not been directly brought about by the events of the war, it cannot be denied that these have deeply shaken Watrin's intellect, and have given its true character to his delirium. All the delirious ideas of Watrin relate to the war or the consequences of the war, the annexation of his country to Prussia, and its separation from France; although we must own that these ideas have to-day not that amount of distinctness which they no doubt possessed at first. Watrin has arrived at the chronical period of his mental disorder; he tends towards incurability; the ideas, instead of being enchainé in a logical manner, are dissociated, incoherent; the pre-occupation which he shows with regard to his fortune is mixed up with ideas of his marriage and with those which are suggested to him by the eminent rôle he believes himself to be destined to play. These latter ideas yet dominate the delirium, inspire his actions, and direct his conduct.

We must remember this disposition of mind if we wish to explain the crime committed by Watrin. He leaves his village upon several occasions to come to France: at last he succeeds in the night from November 5 to November 6. There he has accomplished his object; now he is going, as he says, to establish laws between France and Prussia, and to try to have them executed. Armed with a spade which he has taken from a timber yard, he places himself upon watch on that road to Pont-à-Mousson, under the idea that he will see enemies arrive, and that he must needs make them do his bidding by force.

He speaks to the first passer-by. It is the unfortunate Curé. He commands him to stop. Why? Because he takes him to be a Prussian, because he will not have him drive about on a road where he thinks himself alone master.

The rest is known. Watrin shows no sorrow for the crime he committed; he cannot be made to understand that he had no right whatever to give any commands at all to Curé. On the other hand, he owns quite naively that he has never seen his victim, that he does not know him, that he could not be angry for what he had done to him; but he does not hesitate to add that he was in his good right, and that Curé ought to have stopped at his first word of command. And certainly Watrin would have acted in exactly the same manner towards any other person whom accident might have led into his presence. Without hate, without rage, without any provocation, he strikes the first comer, simply because he does not obey his words. This is the act of a madman which it avails nothing to deplore to-day, but which would have been very easily prevented if, according to the rules of the commonest prudence, Watrin has been placed in an asylum from the moment of the outbreak of his disease, or at least from the moment he began to commit acts of violence.

We conclude :

1. Watrin is insane.

2. His mania dates several years back; it makes him quite irresponsible with regard to the crime which he committed on November 6, 1877, upon the person of Curé.

3. Watrin is a dangerous patient. It is important, with regard to public order and the safety of the public, that he should be detained in an asylum for the insane.

(Signed)

J. GIRAUD.

J. CHRISTIAN,

*Reporter.*

Maréville, Feb. 2, 1878.

These conclusions being adopted, Watrin was placed at the disposition of the administrative authorities, and by an order dated March 1 was sequestered at Maréville.

ARTICLE II.—*Report on the Mental Condition of L—(Pierre-Marie), accused of striking and wounding his father. Chronic Alcoholism. Order for his discharge. By Drs. Delacour, Bruté, and Laffitte.*

WE, the undersigned, Delacour, Director of the Medical School of Rennes; Bruté, Physician to the House of Detention; and Laffitte, Medical Director of the Asylum for the Insane of

Rennes, have been requested by the Judge of the Civil Tribunal of Rennes, on the 15th May, 1875, to examine the mental state of the above L—— (Pierre-Marie), accused of striking his father and inflicting wounds on him. Having been duly sworn, having requested communications on, and taken notice of all the documents relating to, the case, we have examined the delinquent upon several occasions, sometimes together and sometimes separately; and have made all possible inquiries and collected such information as could by its character bear upon the subject, and we have written out the following report:

On the 30th March last, about two o'clock in the afternoon, the said L—— (Pierre-Marie), who lived with his parents at Thorigné, went into a field where his father and his sister were already at work. When he got there he made some observations with regard to the work in a tone of bad humour; but as his father left him entirely to do as he pleased with regard to it, he began to work in the same way as his father. Hardly ten minutes had elapsed when suddenly, without a single word having passed between them, L——, who was standing behind his father, struck him violently on the head with the tool he held in his hand, and while the sister and a servant, who was near by, assisted the wounded man and led him home, L—— ran quickly away. Nevertheless, he returned the next morning to his parents to fetch his bootmaker's tools, and approached his father at the moment when the latter was dressing the wound he had received on his head. Somebody having remonstrated with him regarding his act of violence, L—— replied calmly: "It's not worth while talking about so little." Then he left the house and proceeded to Cigné, where two days later he was arrested in a coffee-house.

The behaviour of the delinquent in prison, and the information which has been gathered on his account were such as to cause a suspicion regarding the integrity of his faculties; we were therefore deputed to visit the culprit and to give our opinion regarding his mental condition and respecting the degree of responsibility which may be attributed to him. Here is the result of our examination:

L—— is twenty-seven years of age, of tolerably good constitution, and of nervous temperament; he has nevertheless a pale complexion; on the whole he seems to be in good health. His head seems to be well shaped, without any appreciable deformity; the expression of his countenance presents nothing particularly remarkable, although his look is a little vague; yet it betrays no embarrassment when he is being looked at fixedly.

If he is made to hold out his arms horizontally, the fingers

show a fibrillous trembling, which is easily noticed; if his tongue is examined it appears likewise that it is the seat of fibrillous oscillations, which, however, are very much less marked, and are, so to speak, intermittent; on the whole surface of his skin analgesia exists; he may be pinched or pricked without experiencing the least sensation of pain.

This young man appears before us without being either embarrassed or inconvenienced; he replies to the different questions which are put to him with regard to his name, his age, his profession, or about the various incidents in his life before the war of 1870. The majority of his replies on these points are not precise, the dates are only approximate. We cannot get positive and precise information from him with regard to the period when he left military service during the war, nor respecting the motives of his leaving the service; neither can we get from him any clear account or reason for his frequent changes of residence before the war, when he worked as a shoemaker. He then tells us, without being able to give the exact date, the circumstance for which he was imprisoned. His father having insulted him, he struck him, not with the hoe, but with his fist. When we express our astonishment to him that a son should thus strike his father, and try to make him understand the gravity of his offence and the punishment to which he might be condemned, he showed himself not moved in the least, and replies invariably and with perfect calmness, "He should not have insulted me—I would not have done anything to him," absolutely as if he considered the act of violence committed upon his father a perfectly natural one.

All these replies, however, are given with great indifference, as if he were not at all aware of the gravity of his situation. While he replies he scratches his head, raises his arms, and yawns. On one occasion he interrupted himself, without any affectation, to ask the keeper to change his clothes; another time he asked leave to go away. Recently he wrote a letter to his father, and, without even mentioning the misfortune which had befallen him, he asked him for money to buy nourishment and cider.

The results of the examination are therefore :

1. That L——, from a physical point of view, shows a fibrillous trembling of the muscles of the fingers and the tongue, and analgesia of the skin, disorders of mobility and sensibility which, considering his antecedents, are sufficient to characterise an alcoholic intoxication, consequent upon former drinking habits.

2. That L——, from an intellectual point of view, and as regards moral sensibility, shows by a sort of depression of

faculties apparent in the weakening of his memory, of his judgment, and in the slowness of his understanding, the almost complete loss of affective sensibility, besides manifesting absolute indifference and unconsciousness of his situation. In fact, L—— behaves in prison just as if he were at home, and as if he were not under the weight of a grave condemnation.

In this situation certainly, to speak only of the actual moment, we do not hesitate to consider him irresponsible, but this is not sufficient; it is necessary to examine the mental condition of the culprit before the perpetration of the criminal act, and at the moment when he committed the crime.

Of numerous statements collected in the documents relating to this case—statements which, by the way, all agree in describing L—— as a drunkard and as a dangerous and wicked lunatic—we shall only retain one, which is found in the *procès verbal*, taken down by the gendarmerie on May 10. The facts which are stated there are so characteristic that they suffice by themselves to fix in the most definite manner our opinion with regard to the mental state of L—— before and during his criminal attempt.

The *procès verbal* states: "One evening last winter, about 8 o'clock, L—— was seized with a fit of mania at his parents' house. He thought he saw fantastic beings under the furniture; he armed himself with a long perch, which he began pushing under the beds, chairs, and tables; at last he took a lighted candle and went up into the hay-loft to chase away some imaginary animal."

This was certainly a sharp attack of well characterised alcoholic fever; in fact, patients attacked by this form of insanity see themselves surrounded by animals of fantastic forms, monsters, or serpents, which crawl on the walls or on their bedclothes, making grimaces at them; and sometimes they imagine themselves persecuted by enemies who want to kill them, &c. &c.: in one word, whether its seat is sight, hearing, or touch, the hallucination, in alcoholic mania, has always that characteristic of being of such a nature as to endanger the physical or moral safety of the person attacked by it, and to appear principally at night.

The delirium of L—— certainly presents all the symptoms we have just described.

The drinking habits of L—— being well known and proved, it can be affirmed that this is not one of those passing attacks of mania which sometimes occur as the result of alcoholic excesses in individuals who are not accustomed to hard drinking, but that it is indeed a case of alcoholic madness which occurs in habitual drunkards, who already show every symptom of chronic alco-

holism, when they give way to more abundant intoxication than usual; and this is proved in a perfectly undeniable way, since at the moment of our examination, more than five months after the attack, when he has already been in prison for more than two months and deprived of nearly all alcoholic drink, he still presents, as we have shown, disorders of mobility and of the intellect sufficiently great to characterise alcoholic intoxication.

*Conclusion.*

We may, therefore, conclude, remaining always on the standpoint of clinical observation, that the disease from which L—— suffers was continuous and constant in its existence, and that it dates back at least as far as that day when the violent attack of insanity came on, viz., last winter, and that consequently he was not in the possession of all his mental faculties at the moment when he committed the criminal act.

Rennes, June 6, 1875.

(Signed)

DELACOUR,  
BRUTÉ,  
LAFFITTE,

*Reporters.*

In accordance with these conclusions, an order for his discharge has been issued by the Judge of the Criminal Court, and L——, placed at the disposal of the administrative authorities, was removed to the asylum of Rennes.

ARTICLE III.—*Medico-legal Review of 1877. By Dr. E. Marandon de Montyel, Adjunct Physician to the Public Lunatic Asylum of Toulouse.*

THE law journals as well as the great political papers are generally full of crimes and offences committed by insane persons at large, whose insanity has been recognised and accepted by the magistrates. We shall not take note of all those facts, the medico-legal importance of which is relatively small, and we shall report only those which have resulted in some legal decision or judgment quite contradictory to the debates. Through the doubts which they have raised or the errors to which they have led, they are in reality more particularly worthy the attention of the student of legal medicine.

We believe we need not point out in detail the utility of a review of this kind. How important will it not be for the specialist in mental diseases to find collected in a widely circulated periodical all the litigated cases relating to his speciality, which have played before the Courts of Assizes and tribunals of France? As every year brings its new



contingent, we shall soon have a rich collection of interesting facts, which will much facilitate the labours of experts in future. The first idea of this work is not our own; it is that of M. Moreau, of Tours, who began it here as far back as 1844, and continued it for several years. Although we do not possess the immense talent of the physician of Bicêtre, we shall yet give all possible care to this work, and hope not to appear too unworthy by the side of so great a master.

*1st Trimestre of 1877.*

I.—*Ambitious Lypemania.—Murder.*—On February 2, 1876, a man named Cadillac murdered the Abbé Puech, in the district of Aveyron. When arrested he admitted his crime, and declared he had committed it out of revenge. The niece of the Abbé had refused to marry him, and he accused the Abbé of having opposed the union desired by him. As Cadillac, in addition to these positive explanations, had made a number of other and very incoherent statements, the counsel for the defence at the June Assizes had, in spite of the indignant protestations of the culprit, asked for a medico-legal examination of his client. The court requested Messrs. Lala, Bonnefous, and Faucher, medical director of the public asylum of Rodez, to investigate the mental condition of the accused at the time of the crime, and to ascertain whether he was responsible for it or not. These experts arrived at the conclusion that he was irresponsible, and according to their depositions at the December Assizes we believe that Cadillac was really suffering from ambitious lypemania. They declared at the same time that he could not defend himself in a criminal accusation. According to the conclusions arrived at by the Secretary of State, the court declared that the proceedings in this case must be suspended until such a day, when at the request of whom it shall concern, documents can be produced proving that Cadillac is in such a mental condition that he can reasonably attend to his defence, discuss the charges brought against him, and adduce such witnesses as might seem to him to be of use in his defence. Cadillac was therefore provisionally placed at the disposal of the administrative authorities.

We have transcribed the declaration of the court in its integrity, as it seems to us to be of extreme gravity. It would be very regrettable if in cases of this nature, which are very numerous, the magistrates should get into the habit of first waiting for the recovery of patients instead of calling at once upon the jury to give their verdict, because indeed this recovery may not take place until after a very long time, if it take place at all, and during all that time the patient would remain under

the bane of a grave accusation and in the state of prisoner. Is this right? This course of action might be pursued if a culprit were to lose his reason during his examination, as long as he was in full possession of all his mental faculties at the moment of perpetration of the crime; such a course would, we believe, be indeed pursued in a case of that kind; but if as in the present case, the fact is established with perfect certainty that the accused was demented at the moment of the crime, what possible use can there be in waiting until his mental state may change for the better, and until he may be able to attend to his defence? What new elements bearing upon the case can by this be brought to light? Indeed we know of none.

II. *Drunkenness. Seditious cries. Alleged insanity.*—A man named Tissier had celebrated Christmas by copious drinking; he entered the Church of St. Roch during Mass, and suddenly he began moving his hat about in the air and shouting: "Vive l'Empereur." He was taken to the police station, where he showed intentions of committing suicide. His necktie having been taken away from him, he attempted to strangle himself with his shirt sleeve, but was fortunately prevented from doing so. Then he declared that he was not in his right mind, and that in 1871 he was for six months a patient at Dr. Voisin's asylum. He explained his insanity through a loss of 40,000 francs which had just befallen him. He was placed under the examination of M. Legrand du Saulle, who declared that for the moment he was not deranged any more than could be explained by his being intoxicated. These conclusions were accepted by the tribunal.

III. *Detention of an epileptic imbecile.*—If there are countries where imbeciles and idiots are looked upon as special gifts from Heaven and receive every care and attention, then there are also others where they are deemed no better than so many useless food consumers, beings which one cannot get rid of soon enough. A country of the latter description must be Normandy, if we believe a correspondent of the *Droit*. Whatever may be the general opinion, it is certain that on December 8 and 9, 1876, the following sad case was brought to light at the Assize Court of la Manche. Celestine Onfroy was a young imbecile and subject to epileptic fits, but according to the statements of all the neighbours she had never been malicious and was very fond of work. A rumour which got abroad regarding the bad treatment she received at the hands of her relations caused a judicial inquiry to be made. When the commissaires visited the spot it was found that the poor girl had been kept locked up for more than two years by her brother, his wife, and their daughter. The place where she was shut up

was a sort of old bakehouse, with hardly a roof upon it, so that wind and rain could easily penetrate. The bed upon which she slept was far too short for her. She was covered with vermin and her clothing consisted only of a few rags. The inquiry further proved that the poor creature had the marks of blows upon her; that she had not received sufficient nourishment and had, at the same time, been forced to do the hardest work. The medical officer who examined her found her to be in a state of great prostration. Thus this poor creature was tormented to hasten her death, so that her part of an inheritance might be seized. The two women were set free and only the brother was condemned to seven years' penal servitude.

IV. *Drunkenness. Murder.*—Drunkenness has its surprises, and an honest man with a mild disposition who gets intoxicated may, when he recovers reason, find himself a criminal. Belenger, who appeared before the Assizes of Angers, in December 1876, learned this to his cost. This man, 34 years of age, carrier by trade, had irreproachable antecedents, except that, without being given to drinking, he liked to celebrate festivals at the wine shop. One night, coming drunk from the inn, he quarrelled with three of his companions and, drawing his knife, struck one of them several blows with it. He then ran away, while the others removed the wounded man; but after a while he stopped and waited for them at the corner of a street. There he again threw himself upon them and mortally wounded a second one. The excuse of drunkenness which the culprit gave to the jury was only partly admitted by the latter.

V. *Kleptomania. Theft.*—The case which we describe in the following lines proves that magistrates are still reluctant to believe in the existence of impulsive monomania, and that they still doubt the possibility of persons being almost against their will pushed towards dishonourable or criminal actions which they even know to be such; in this case everything was present that should have created doubt in the minds of the judges, and should have caused them, if not to order the complete discharge of the defendant, yet at least to direct a medico-legal examination. Madame de Kouvitchinski, who appeared before the judges of a police court in Paris, on January 27, 1877, belongs to a family of a certain eminence in Russia. Her income was 24,000 francs per year, and she was in the habit of purchasing goods in shops to the extent of 300 or 400 francs for which she paid in cash, and at the same time of taking objects without particular value and of which she had no need. Dr. Kortsakoff, who came expressly from St. Petersburg, declared that the lady belonged to one of the best families of that city, that she entered the best society, and that

never had the least unfavourable suspicion fallen upon her. He added that she was of a constitution which predisposed her strongly to certain pathological affections of the nervous system; that insanity was in her family and that her sister was at that moment under treatment for mental disease. Besides this statement the counsel for the defence read before the court a certificate from the pen of the celebrated Russian specialist for insanity, Dr. Frabenius.

Do not the particulars of this case seem to indicate that Madame de Kouvitchinski acted under the influence of an unhealthy impulse? Her system of defence consisted in putting the thefts upon the shoulders of her little girl, aged 6 years; but this surely proves nothing against her madness, because it is most frequent that the insane persons are perfectly well aware of the gravity of the offence thus committed by them, and that they try to push them over to others or to excuse them. We are daily witnesses of occurrences of this kind in our asylums.

The tribunal condemned Madame de Kouvitchinski to three months' imprisonment and 300 francs' fine.

VI. *Alcoholism. Attempt to Murder.*—The following case, which was judged by the jury of the Yonne, on December 16, 1876, happened under circumstances which were well calculated to throw doubt upon the real mental state of the culprit. Durville is an officer of the magisterial court and given to drinking strong liquors. Of a violent character, he has sworn to hate to the death the maire of the village, who in his *procès verbaux* had found some of his statements to be contrary to truth. He goes about everywhere and openly talks of his hate against this magistrate, and saying that after he has killed him he will kill himself, because he does not care for life. On November 9 he met the maire at the inn, surrounded by several of his friends. Under the influence of visible over-excitement he mixed himself up in the conversation with expressions of a nature to cause the others to ask him to retire. He replied by insults, and the magistrate thus outraged seized him by the arm and pushed him out of the door. Durville then proceeded to the coffee house next door and spoke in violent terms against the maire. At last he went away shouting that they would hear of him. He returned to his home, took his gun and said to his neighbour: "Ah, your maire! I shall settle him now." Then he returned to the inn, hid in a window niche, and, waiting for a propitious moment, fired upon the maire.

If we remember the old drinking habits of the delinquent; if we remark that instead of hating the maire, Durville ought in reality to have been grateful to this gentleman, who, finding

out some untrue statements of his in the *procès verbaux*, simply points them out to him when he could have had him punished; if we take into account the incessant threats which he made before everybody, thus revealing the object he had in view; also the ideas of suicide which he had pronounced and the state of over-excitement in which he was found, then we must indeed ask ourselves whether the alcohol had not caused cerebral lesions in this man, and whether he had not arrived at that point where one ceases to be a drunkard to become an alcoholic maniac. The jury understood that this attempt at assassination was made under peculiar circumstances, for they rejected the idea of premeditation, and admitted extenuating circumstances. Durville was condemned to ten years' hard labour at the House of Correction, and ten years of supervision by the police.

VII. *Delirium of Persecution. Murder and attempt to murder.*—In this case the three medical men charged with the examination of the mental state of the accused could not agree, and unfortunately the opinion which prevailed in the end was not what we consider to have been in accordance with the true state of things. The importance of the case, and the divergence of the opinions which were formed by the experts, justify the quotations which we think it our duty to make. The following is the account of the two crimes according to the documents of the accusation:—"On September 19, 1876, Zoé Moulinos returned home about seven o'clock in the evening, coming from the fields. Hearing hasty footsteps behind her, she turned round and found herself face to face with her cousin Joseph Bernard, who at the same moment fired a gun at her almost at arms' length. Thence Bernard ran in all haste towards a barn close by, belonging to his aunt, the widow Moulinos. The accused opened the barn door violently, aimed at his aunt, fired, and then fled. He left the country immediately, and was apprehended only some time afterwards." Bernard owned his double crime, and declared that he had obeyed to a thought of revenge—being tormented and persecuted by his aunt and cousin—and that he had fled from the country, not to escape the hand of justice, but to get away from all the hate which the two women had borne him.

The following is a part of his examination, which can leave no doubt as to the real condition of his mind:

Q. What was the opinion which you said you believed your aunt and your cousin had of you?

A. They wanted to force me to sell my house, and they set Mr. M—— and his wife up against me. When I was condemned to pay an indemnity of 2,000 francs to these, I heard them say, "He will be obliged to leave the country; he is ruined, he will be put in prison."

*Q.* But, before she died, your aunt said that she could not understand the motive which could have influenced you, and your cousin declares that they have never even spoken about you?

*A.* Yet I have heard them very well. Moreover, when I had bought my gun, they said that I had not paid for it, and that it would be taken away from me. The gendarmes came and searched my house.

*Q.* Yes, of course, they came and looked for you after the crime?

*A.* No; I was the object of their searching visits before, and I was persecuted by the gendarmes and the gardes.

*Q.* You speak of what happened after the crime as if it had happened before?

*A.* Not at all; because it was since my affair of the Thar that I was persecuted.

*Q.* What then was this affair of the Thar?

*A.* I had gone to the Thar to visit my sister, and before I went to her house I went to the notary whom I had known at college, to get a legal document for my wife, and I heard him distinctly say to his clerk: "Go and fetch the garde, and I will retain him here."

*Q.* The notary denies energetically having said anything of the kind.

*A.* I heard him perfectly well.

*Q.* You told him then that you were going to see your sister, and that you would return after a moment, and you did not return.

*A.* No; after what the notary had said I left. When I got to the island, as I heard them say behind me that the gendarmes were following me, I got across the river Sorgues as well as I could. When I reached the other bank I saw a gendarme near the river's edge, and so I crossed it again. Further on I heard them say that the roads were guarded by the gendarmes and that I would be arrested. A woman said to a labourer: "That is the man from Venasque, whom the gendarmes are looking for; tell them that he came this way."

*Q.* You tell this story now, and you place before the crime what really happened afterwards.

*A.* I repeat that I do not.

This language is characteristic; such things are not invented unless one is well versed in the observation of the insane, and the learned doctor of Montdevergue was right in affirming that the culprit suffered from hallucinations of the sight and hearing, with monomania of persecutions. Of the two other experts, one followed Dr. Campagne, while the third one declared that

Bernard was not insane and must be held responsible for his double crime. The jury unfortunately embraced this latter opinion, which then prevailed, and the accused was condemned to penal servitude for life.

VIII. *Drunkennes. Murder.*—Individuals given to drinking strong liquors are, at a certain period of alcoholic intoxication, not only subject to an extreme irritability which is aroused by a mere nothing, but they even often do not become aware of this irritability, and let themselves be carried to violent actions of which they do not see the consequences. The following is a case in point. The woman, Pauline Prudhomme, kept up intimate relations with the man Paulmier during the month of November, 1876. Both gave way to drinking, and hence had a great many quarrels. On November 17, Pauline went to the wine shop at 6 o'clock in the morning, where she met her lover. A dispute arose on a question of money, and Paulmier, striking his mistress, knocked her down to the ground and then kicked her with his foot. She returned home, but the drunkard followed her and continued to beat her until the neighbours, who were attracted by the woman's screams, interfered and stopped him. Paulmier then returned to the inn and said that he had just administered "a good hiding" to the woman Prudhomme, and that he had caused some swellings on her forehead which would prevent her from going out all that day; then, without showing the least emotion, he went to his work, perfectly unaware of having committed a murder. In fact, a few moments after he had left her Pauline died, and the medical man who made the autopsy declared that she had died from strangulation. Paulmier appeared before the Assize Court of the Seine accused of the crime of murder, and was acquitted on January 24, 1877.

IX. *Megalomania. Theft.*—During the last days of January, the Correctional Tribunal of Paris condemned to thirteen months' imprisonment, in spite of the defence requesting a medico-legal examination, the man Bertin, aged 21 years and married. This man, who cried like a child during the proceedings, had already been condemned for thefts, a first time to a month, and a second time to two months' imprisonment. Bertin seemed not to be in full possession of all his faculties. He told his wife that he was professor at a large college, and left every morning with a book under his arm to wander about in the fields all day long. The theft which brought him on the benches of the police court for the third time had been committed at the house of his father, a door-keeper at Paris. He had gone to him on January 16, the day of the term, and had taken away a roll of money containing

more than 3,000 fr. He threw away this money in the most senseless manner: thus, he invited the cabman who drove him to the station to dinner, and gave him 5 fr. as a *pourboire*; to the man who took care of his portmanteau he gave a *pourboire* of 10 fr. He invited to dinner everybody he met or that would accept, and paid for them all. If we add to these symptoms that during pregnancy Mdme. Bertin had a great grief, which endangered her life and that of her child, then we have a complete account of the mental state of the accused which cannot leave many doubts in our mind regarding its true nature. Were he not so young we would suspect in him the commencement of paralytic insanity. His actions indeed reveal a diffuse ambitious delirium, which has certainly the character of paralytic delirium; moreover we find in him the tendency to steal and a great weakness of character. Whatever the case may be the defence, in our opinion, was very well advised to demand from the tribunal a medico-legal examination.

X. *Delirium of Inventors. Poisoning with Prussic Acid in a railway car.*—This is the case of De Bouyn, who was tried in February 1877, by the Assize Court of the Bouches du Rhône, and was condemned to twenty years' hard labour. In our opinion De Bouyn was demented, and we hope that from this analysis it will be seen that this accused suffered from that variety of megalomania known under the name of "Delirium of Inventors."

In the case of De Bouyn there were hereditary antecedents of a pronounced character: two aunts and an uncle were insane. After having passed through all his classes, De Bouyn began studying mechanics and chemistry. He was not long before he thought himself called upon to make great discoveries, and eventually believed that he had invented a railroad with movable rails; a flying machine which was to entirely transform the art of warfare; a peculiar chemical composition which, when projected from the holes of a shield invented by him, would admit of suffocating at a distance, and without danger to himself, thousands of human beings. To all these splendid inventions he added the one not less beautiful—viz. that of making natural diamonds by a new process of crystallisation. Entirely absorbed by his discoveries, he occupied himself with them day and night, and would not give up his researches to procure for himself the means of subsistence. Without fortune, he lived at the expense of a widow, his mistress, who was very much taken with him and submitted to all his caprices. His rage for invention and experimentation was so great that he made this woman sit upon eggs in a room kept at a temperature of 25°, and did not permit her to leave them until they were hatched. This person states that he was often ill, of a very mild tempera-



ment, except when he was opposed in anything relating to his machines. He passed all his time making them and corresponding about them. He often got out of bed at night and said strange things. In 1873 he committed a theft, with house-breaking, at a factory. He was examined by two doctors: by Dr. Castellon, who considered his responsibility to be mitigated; and by Dr. Pontier, who declared him irresponsible. This last opinion was accepted by the jury, and De Bouyn was acquitted. Such was the man who, finding himself alone in a railway compartment with a companion, killed the latter with prussic acid while the train was passing through a tunnel, and then robbed him of his purse and various objects. During the progress of the case and the cross-examination, De Bouyn has given numerous versions of his crime. It is perfectly well established that the poisoning was committed by the accused, but we are equally sure that it was only the outcome of his insanity. He may have killed his travelling companion to experiment upon a man with regard to the effect of his destructive machines, or to rob him of the money necessary for the perfecting of his machines; he has acted under the influence of delirious conceptions, communicated to him by heredity. The doctors Lachaux and Rainpal, charged with the examination of his mental condition, have agreed upon a limited responsibility, as a consequence, as they said, of his temperament and his hereditary antecedents. We regret this, because we believe that in 1873 Dr. Pontier was right, when he declared De Bouyn demented and irresponsible; and it is to be regretted that after his acquittal he should not have been placed at the disposal of the administrative authorities.

XI. *Perversion of affective sentiments. Murder of a child by its mother.*—Is there a form of mental alienation in which the most prominent symptom—the only one which strikes those who are not accustomed to the observation of the insane—is the perversion of affective sentiments? Certainly yes. No doubt a specialist, who could study the patient closely, follow him about all day, would succeed at last in finding out wrong ideas, intellectual oppression, and, from time to time, real paroxysms of agitation which, as they are often short, would require an experienced eye for their detection; but all these pathological peculiarities would be passed unnoticed by persons inexperienced in psychiatric studies, and what would strike them would be that they would think themselves not in the presence of an insane person, but of a monster: this would be the effect of the perversion of affective sentiments. Was Madame Vilmont, who appeared before the Court of Assizes at Tours, on March 9, 1877, an insane person of this category? We cannot be quite

certain about it, for the information which we have gained from the law journals does not seem to us to be sufficient to form a positive opinion. Anyhow, the crime this lady committed upon her only child was perpetrated under such odious conditions, and the character of the accused is so extremely opposite to all that is natural, that it would perhaps have been prudent to have her examined by specialists.

In the night from January 21 to 22, Alexandre Vilmont, aged four years and a half, succumbed to the bad treatment he had received at the hands of his mother for the last six months. Up to the age of four he had been brought up by his grandmother on his mother's side. Every day his mother beat him, now with a stick, now with a rod, and with his father's boot-jack. The poor child had at last got so far that when his mother asked him whether he had had enough he replied: "Yes, mamma," and thanked her. He was almost continually locked up and left alone when his parents left their home, even for many long hours together; and if it happened that he dirtied himself under such circumstances, his mother would, in mid-winter, plunge him into cold water and brush him with a scrubbing brush. On one day she even put excrements into his mouth and asked him whether he liked it. The body of the deceased child was full of contusions. It was submitted to the examination of Dr. Danner, who counted more than one hundred wounds; one side was broken, on one of the toes an ulcer admitted of the bare bone being seen, yet, in spite of this painful wound, the mother obliged the child to walk for several hours every Sunday. At last death, which so many sufferings would necessarily have induced in a short time, had been brought about by a congestion produced in consequence of a blow on the head with a stick.

The mother who thus killed her only son by a cruel martyrdom of six months, had no serious motive for doing so; but ever since the age of puberty she had presented signs of a profound perversion of the affective sentiments. An orphan, she had been tenderly brought up by her grandmother, and she took a delight in tormenting her to such a degree that in the district a rumour got about that by her caprices and brutality she had shortened her days. Married, she tortured her husband, who was several times obliged to leave her, and at the age of hardly twenty-six years, she murdered her child in the manner described. Would a well-conducted medico-legal examination not have cleared up this mystery?

The jury shrank from the odious nature of such conduct. They admitted extenuating circumstances, and Madame Vilmont was sentenced to hard labour for life.

A careful consideration of all the cases cited in the preceding article will indubitably suggest the propriety of entirely recasting the laws under which irresponsible criminals are wont to be treated. In France, more commonly than in England, all the factors tending to the commission of crime are attentively weighed, and, as a result, to the credit, be it said, of French humanity, it frequently follows that certain penalties are not inflicted on the unhappy victims of diseased imaginations. In this country increasing importance is being attached to the question opened up in the foregoing pages, and especially is this due to the publication of Dr. Guy's instructive and valuable work "The Factors of the Unsound Mind." At the present time space forbids our further considering the subject, but we shall return to it again in as complete and exhaustive a manner as possible. [Ed. J. P. M.]

ART. X.—LORD BEACONSFIELD VIEWED PSYCHOLOGICALLY.

VERY considerable difficulty must always be experienced in attempting to analyse the character of any individual in whom, at times, widely different types of intellectual fitness for great works have made themselves evident. The labour of accurately apportioning the degree and importance of varying attributes of mind is ever one of considerable magnitude, and the danger associated with the undertaking is of that twofold kind from which the object of the attempt, and the one who makes it, will both be likely to suffer. Just as sympathy is engendered with efforts directed to personal exaltation, so is there a possibility of diminished interest being excited on behalf of those higher and nobler aspirations that are directed towards attainment of wider benefits than can be those of immediate advantage to the designer of them; and it is, perhaps, a detraction from the best qualities the late Earl of Beaconsfield undoubtedly possessed in perfection, that, throughout his public career, self was a conspicuous factor in his creed. Whether we are justified, however, in regarding the proofs he has himself adduced of this predominant feeling as an indication, as some have not failed to urge, of psychical inferiority, may be advanced as a valid argument for discussion. It would be difficult to select any single historical name, and to say of its owner that his impulses were purely extra-personal; or that even the most admirable of them had been directed with the sole aim of securing advantages for the enjoyment of others rather than himself. Judged from a standpoint of pure intellectualism, Lord Beaconsfield, no less than any who are worthy to rank with him, commands the utmost homage in our power to bestow, and homage, too, that is almost involuntarily tendered on account of a disposition which, if not invariably self-sacrificing, was, at least, at all times patriotic in the most inclusive sense of the word. Patriotism was, in all that he did or said, a foremost consideration with him; his acts all tended to the fulfilment of desires that had for their first aim the advancement and consolidation of national greatness; and how, with this fact before us, it may be asked, can we hesitate in bestowing frank and honest admiration for the determination which shone out in every attempt of his political life? We do not intend in this place to pursue the

consequences of any of these efforts, but to view them only as indicating the lines on which his active mind proceeded, and as tending to show the motives actuating him. They are sufficiently a matter of common knowledge to render any recapitulation of them unnecessary, but it is worth while spending a few moments in striving to dissect the feelings and motives to which they were primarily due.

In pursuing this attempt we must reflect for a moment on what were the salient features that marked the mental character of young Disraeli; and forgetting the aspersions that have been so plentifully bestowed on him, it is not impossible to gather from his own words a good deal of enlightenment on the point. Ambitious he certainly was, but the ambition he displayed may not unjustly be taken as suggestive of his intense appreciation of the need for temporal power as a means towards performing works of general utility. He had a keen perception of the truth of this statement, and his earliest achievements exhibit him as one possessed of the idea inseparably connected with it. Moreover, he was speedily convinced that his devotion to mere business pursuits, however laudable in themselves, was little calculated to advance the aims even then held in view by him. Hence his speedy determination to eschew the limited field he thus early entered on for the wider arena of politics; and hence, too, the opportunity for hastily misjudging his ruling motives on the part of those who have striven to put a base construction on his endeavours. Except in the novels of young Benjamin Disraeli, we possess no means of estimating his thoughts at this period; but in these works there is abundant proof that he was fired with desires that ought to exact an unfailing tribute of respect. The high-flown expressions of youthful genius, it is true, cloak and obscure many of the nobler fancies the pages picture forth, but there is no blinding ourselves to the fact that high desirings are embodied therein. It was the author's belief that the world's work could be accomplished through the world's help, and this assistance he resolved to gain in order to fulfil the lofty mission defined in his own mind for himself. The mode of gaining that aid lay clear before him, and that mode was to command it. He must have seen the difficulties that beset his path—indeed, we know they presented themselves in full force to him—but it is honourable to him that we can now declare they availed nothing to deter him from opposing them. But though he failed again and again, and yet again, to realise success at first, he never quailed before the appearance of impregnability presented by the obstacles he encountered. Mere hopes and personal aggrandisement would never have carried him so far in an apparently

hopeless struggle, and though he might perhaps himself have sanctioned the explanation that *amour propre* incited him to renew his efforts, yet we are able at this time to afford a more exalted and a more fitting reason for the continued battle.

It is undoubtedly dangerous to venture on the ascription of noble impulses to one who figures after all as more or less of an adventurer, but the proceeding is eminently justified in the case of Lord Beaconsfield. By a multiplicity of golden deeds he has repeatedly shown that mere self-desirings were never properly attributable to him; even in those positions where he had most the appearance of seeking his own individual advancement, careful examination of the motives guiding his conduct reveals that this was the outcome of suggestions prompted by other than personal aims. And so entirely throughout his life can this be said of him, that it will be profitable to inquire in what particular his special intellectual constitution contributed to bring about the result. As we have hinted, the patriotic sentiment largely influenced him; but it is necessary to somewhat qualify the word as here employed, that it may include, outside and beyond love of country as being the home of adoption, an absorbing desire also to demonstrate the wisdom of that country's trust in an alien race. Moral consciousness of his position, and inherent national desires, combined to make young Disraeli supremely anxious to vindicate at once the claim of his people to respect, and his individual claim to be the exponent of its deserts. Accepting this view of his motive, we can trace its action on all the notable performances of his life, and everyone must also admire the persistence with which he ever held it before him. The taint of greed can have no right of association with the qualities which distinguished him, nor have we any means of showing that such an ill-feeling ever animated his endeavours, either publicly or privately, to advance the views he entertained. Thankless though the course may be, and is, to refute indefinite charges of this kind, the freedom with which they have from time to time been cast abroad, calls for some defence of their object. In many ways might he on frequent occasions have pandered to a craving for temporalities, had it existed. Disraeli's mind, however, could not bring together two ideas so different as are those of mere personal gain and national progress. In forwarding the one he pursued his life's ambition; of necessity he advanced along with it, and it is the triumph of his life that we can say of him his own glory was a reflection of that shed through his influence on the country he so devoutly served.

Lord Beaconsfield was essentially a man of extreme intellectual activity. In some respects he thus bore resemblance to

his illustrious political opponent, the present Prime Minister; but in all that emanated from his mind there was the stamp of a philosophic spirit rather than the mark of laborious production, which distinguishes the mental character of Mr. Gladstone. Even in the most trivial utterances Disraeli always succeeded in concealing a thought or an idea, examination of which repaid the time spent in it; and in his finished pictures we all recognise, and unfailingly admire, the skill and subtlety of the man of genius, and the philosopher of social life. In his own analysis of character and aims, such, for instance, as are to be found in 'Coningsby,' in 'Lothair,' and, though less, certainly, perhaps in his last work, 'Endymion,' we can discern most easily the sympathies uppermost in himself. Honest ambition he always defends, and the higher the goal the more surely is the aspirant favoured; while for the inferior spirits who seek to ascend only to justify a paltry desire for personal advancement, no denunciation is too strong or too severe. Political opponents in the heat of controversy cannot be expected to weigh the difference between apparent and actual avarice. From this misfortune no one, possibly, ever suffered more than the late Earl; but when the heat of party passion had subsided, and a calm survey of the well-spent life was in the power of all, it is satisfactory to remember the generous enthusiasm with which all parties alike united in recognition of the dead man's real worth.

The psychologist's study of Lord Beaconsfield's character is necessarily confined to a simple estimate of the powers he possessed, and the way in which their evolution was influenced by the circumstances surrounding his existence. The speciality of these lies in the fact that they were to a great extent moulded by himself, and were in many cases turned to sacrifice in behalf of aims in the fulfilment of which he by no means was the first one interested, and in securing which nothing was left to chance which he conceived it in his capacity to accomplish. The men whose autobiographies make up the history of an age are all more or less spirits akin to this; and it is no uncertain test of the value of any individual person's achievements that is afforded by the immediate appreciation in which they are held. In this particular respect Lord Beaconsfield is not likely to suffer by comparison with any who were his contemporaries, and in the one point of absolute intellectuality he can be compared with no one, since he was himself incomparable. Not that it is easy or perhaps possible to gauge the depths of his mentalism, so to speak, but we can form a fair estimate by admiration, of the diversified genius that was at once philosopher, romancist, psychologist, and politician. Lord Beaconsfield undoubtedly

was a psychologist of a high order. Each one of his works exhibits him in this light; and every character he has drawn is a careful study of a type more or less familiar to every reader. Nor are the lessons taught by him in any way less than those a rigid moralist would deem advisable in the interests of common weal. Although he is careful to avoid exaggerations such as many lesser novelists have been guilty of, and which they have been led into under the impression that so only could they hope to point the sins against which their protest is raised, yet the influence of Disraeli's novels in forming the character of the young who make a study of them, is now and will always be a potent factor in developing the minds of English youth. Very possibly they, alone, might not have so powerful a force, but they must ever possess the distinguishing feature that they are really an exposition in more or less precise terms of the conditions and motives under which the life of their author assumed its special shape. Apart from their literary excellence, they have a living interest, deathless as the monuments raised by the genius of him they continually enshadow, and, like himself, the outcome of an age that made him while itself was made by him.

In his personal relations Lord Beaconsfield was especially happy. Homage he received spontaneously; there was no occasion to exact it; and the kindling story of his defiance of defeat, his steady perseverance in pursuit of the end set before himself, and his ultimate triumphant vindication of every lofty aspiration with which he commenced his career, failed not to attract to him the devoted friendship of those whose friendship was an act of grace. His wit was of a kind to serve him well; keen, and cruel even, when occasion called for its employment, it was never directed against the helpless, or invoked in vain on behalf of deserving objects. It never failed to hurt; it never hurt unfairly, or in an unjust cause. They can recall it who suffered by it; but even the most severely stung would probably now be the first to admit the justice of the rebuke conveyed by the punishment.

More exhaustive memoirs must be consulted for the detailed history of Lord Beaconsfield's life; we have sought here only to indicate a few of the points connected with his psychological development.



# ART. XI.—ON ALBUMINURIA DURING PARALYTIC INSANITY.

DR. VON RABENAU, of Vienenburg, Germany, recently published some observations he has made on this subject, and, contrary to the opinion of others who have investigated the question, arrives at the conclusion that albuminuria is far more frequent amongst paralytic patients than amongst other lunatics. He examined 40 different cases of paralysis, and found albumen in the urine of 26 of them. On the other hand, he examined the urine of 85 other lunatics, and found albumen only 31 times. At the same time he points out that the paralytic patients were examined without any choice or selection, while with the other patients the investigation was never made unless albumen was suspected in the urine from other reasons. The observations were continued for two years, and Dr. von Rabenau examined some 15 specimens of urine every day. He found, as a further detail, that albuminuria was most frequent amongst those paralytic patients who could no longer pass urine voluntarily; from these he obtained the daily specimens by means of the catheter. It was suggested to him that catarrh of the bladder might often cause the presence of albumen in the urine; and he therefore remarks that he never examined alkaline urine, or such as was of very high specific gravity. In the urine of patients suffering from epilepsy Dr. von Rabenau never found albumen, but he owns that the number of his cases may not have been sufficient for him to form a correct judgment. The conclusion finally drawn from his 26 cases of albuminuria, among 40 paralytic patients, is that this disease must necessarily result from cerebral causes, and must in many cases be entirely independent of any other illness from which the patient may suffer. This is the point on which Dr. Richter (and also Dr. S. Rabow, of Lausanne, according to a publication on the urine of the insane, from his pen) differs from Dr. von Rabenau. We cannot do better than give a short summary of the 26 cases in question, to enable our readers to judge for themselves. The first twelve of these are hardly conclusive with regard to the question at issue, as the albumen in the urine may have been caused by other illnesses; the remaining ones, however, go far to prove Dr. von Rabenau's views. (Wherever the temperatures are not given, they remained between 36.0 and 38.0 C.)

Case 1.—The urine of the patient contained a small quantity of albumen when he first entered the asylum, but this disappeared rapidly. He had several paralytic strokes, the temperature decreasing to 33·0. Later on the patient had pneumonia. No further traces of albumen appeared. Years ago the patient had suffered from nephritis.

Cases 2 and 3 showed small quantities of albumen; the patients suffered from inflammation of the bladder.

Case 4.—Albumen appeared in the urine during an attack of pneumonia.

Case 5.—September 13, 1874. Epileptic attacks for 12 hours; no albumen. September 16. Traces of albumen; temperature 40·1; slight cramps from time to time. September 2. Traces of albumen; no fever. September 26. No albumen.

Case 6.—Never any albumen until September 22, 1874. On this date traces of albumen. The patient has had a feeling of intense numbness for the last three days; temperature 40·1; lungs free. September 23. No fever; no albumen. October 5. Patient feels numbed; traces of albumen; temperature 38. October 16. Normal state.

Case 7.—Never any albumen until October 2, 1873. Showed irregular symptoms of fever, and felt very poorly the last few days; temperature 39·9 until October 28; from that day until November 8 no fever. From October 9 until November 8 a constant small quantity of albumen in the urine. Recovered so much after November 8 that he could leave the asylum after a short time. This patient doubtless suffered from some disease of the lungs (lobular pneumonia?), but the albumen remained for a long time afterwards, and only began to disappear when the cerebral complaint got better.

Cases 8 to 12.—Albumen appeared only during the last days or weeks of their lives. All these patients suffered from some severe bodily illness.

Cases 13 and 14.—During their last days the temperature sank to very low readings. The urine contained a large quantity of albumen. No somatic disease could be discovered either during life or after death.

Case 15.—When the patient entered the asylum he was in a state of deep melancholia, and for the first few months he got gradually worse, both in mind and body. Then he began to recover, and remained very much better up to the end of 1874. While the melancholia lasted much albumen was present in the urine, and the quantity decreased as the patient got better. Later on only traces were apparent on two different occasions. At the end of 1874 he had a relapse, the melancholia returned,

but no albumen appeared. The observations were unfortunately interrupted.

Cases 16 to 18.—During the last weeks of 1874 these patients declined much in health, without any apparent reason. Neither fever nor other bodily diseases could be detected. The urine, which had up to that time been always clear, now showed traces of albumen. The patients were still alive at the end of 1874.

Case 19.—Showed no albumen up to February 2, 1873. The urine was last examined on January 29; attack of apoplexy on February 2; no albumen on February 4; traces of albumen on February 6. After this no albumen until January 3, 1874; another attack of apoplexy; much albumen; no fever. January 4. No albumen until March 23, 1874. March 23. Paralytic stroke, and death immediately afterwards; much albumen; no fever.

Case 20.—Never any albumen up to October 6, 1873. Has declined much in health lately. Traces of albumen on October 6. October 7. Attack of apoplexy; temperature normal. October 8. Traces of albumen in urine. October 10. Large quantity of albumen; temperature 34·8; death.

Case 21.—No albumen up to May 5, 1873. Three days ago an attack of apoplexy. May 5. Traces of albumen in the urine.

Case 22.—No albumen up to November 1, 1873. On this day twitchings in the left arm, and strong feeling of numbness; traces of albumen; no fever. November 3. Sensation better; no twitchings. No albumen up to April 29, 1874. From that date great decline in health, accompanied by a constant presence of more or less albumen in the urine. Death soon afterwards.

Case 23.—No albumen up to December 6, 1873. On that day feeling of numbness, could not stand, took no food, and passed his excrements involuntarily; temperature 39·2; lungs healthy; much albumen in urine. December 7. Temperature 37·5; much albumen; still very numbed. December 8. Feels better; no albumen up to April 25, 1874. April 25, 1874. Similar attack as before, but without fever; but little albumen in urine. April 27. Same condition. April 29. Traces of albumen; very excited; 7·0 grammes of chloral given to him per day. May 1–12. Feels better; no albumen; from this time often albumen in urine, without any apparent connection with the cerebral disease.

Case 24.—During April and May 1874, quantities of albumen without any apparent reason; after that no albumen up to June 23. Paralytic stroke; three hours after its beginning, traces of albumen. June 24. No albumen.

Case 25.—Never any albumen up to May 2, 1874. After that date up to May 8 traces of albumen. May 9. Paralytic stroke; quantity of albumen; no fever. May 10. Large quantity of albumen; no fever; lungs healthy. May 12. No albumen; excited and noisy. May 22. Traces of albumen without apparent cause.

Case 26.—No albumen up to December 27, 1873. On that date the patient feels very numbed; temperature 38·4; he hardly takes any heed of his surroundings; phlegmon in the left arm; much albumen in urine. December 28. Temperature 37·3; formation of pus; incision; much albumen. December 29. The wound looks well; no fever and but little albumen. Up to January 15 the patient felt better; no albumen; then traces for two days. Death a little time afterwards. The post mortem examination showed that both kidneys had changed to large conglomerations of cysts.

In Cases 13 to 25, a direct connection of the albuminuria with the cerebral disease can hardly be denied. In Case 23 the temperature of 39·2 is no doubt important. Case 26 is a singular one. Dr. von Rabenau owns that it should have been added to the first twelve, where the albuminuria was complicated with severe bodily diseases. But he points out that it is also admissible to look upon the phlegmon as a trophical disturbance, particularly as the mental state of the patient at the same time got worse so considerably.

## ART. XII.—LUNACY IN SCOTLAND.

THE Commissioners in Lunacy for Scotland report that there were under treatment on January 1, 1881, a total number of 10,012 patients, 4,692 being men, and 5,320 women. These were distributed thus:—In royal and district asylums, 5,920; in private asylums, 157; in parochial asylums, 1,342; in lunatic wards of poorhouses, 714; and in private dwellings, 1,629. In the lunatic department of the general prison, Perth, there were 55 inmates; and in training schools, 195 insane persons. Out of these, excluding the 55 state lunatics in the Perth prison, 8,312 were pauper patients, 1,645 only being private ones; and it may be noticed that the number of patients registered as being in private asylums is only 157, whereas no less than 1,629 are put down as located in private dwellings. An increase among this class of patients, too, is recorded to the number of 106, 101 being paupers, and 5 only private or non-pauper patients. In explanation of the small proportion, 157 of patients in private asylums, it may be explained that no pauper patient is provided for in these institutions, and, in addition, the Scotch system encourages a "boarding-out" plan, whereby such patients as would in this country come into private asylums are cared for in private dwelling-houses, either by friends or by persons pecuniarily interested in their welfare. These patients are consequently of two classes, and of the total of 1,629, 113 rank as private, and 1,516 as paupers. Of the whole number placed in private dwellings, 29 were in houses possessed of special licences. The Commissioners explain that the circumstances under which a non-pauper insane person comes under their supervision are:

(1) If he is boarded in a private house for profit, and suffers from mental disorder of confirmed character.

(2) If, whether kept for profit or not, he has been insane for more than a year, and is subject to compulsory confinement to the house, to restraint or coercion of any kind, or to harsh and cruel treatment.

(3) If he possesses property which has been placed under curatory by the Court of Session.

A large number of private patients living in family, who are neither kept for profit nor restrained nor cruelly used, are, they continue, thus beyond their jurisdiction. Even a patient who is kept for profit does not require to be reported, if it is certified by a registered medical practitioner that he is afflicted with a malady which is not confirmed, and that it is

expedient to place him for a temporary residence, not exceeding six months, in the house in which he is so kept.

Although they do not regard it as desirable that any class of persons should be brought under official supervision unless such supervision appears to be necessary to guard against abuse, they regard the systematic visitation of patients in private dwellings as a duty of great importance in all cases where the statute requires the supervision of the Board to be exercised.

Concerning an increase of 101 pauper patients in private dwellings for 1880, and which contrasts with the little variation in numbers for the preceding five years, the explanation is offered that transfers *from* asylums *to* private dwellings have far exceeded those *to* asylums *from* private dwellings, and also that as many as 31 new cases in excess were reported by the inspectors of the poor. The Deputy Commissioners present most favourable reports of the conditions of patients in private dwellings; thus Deputy Commissioner Fraser says:

"The general condition of the patients in private dwellings appears to me to be steadily improving. The recommendations and requirements of the Board, especially in regard to lay and medical supervision, have, on the whole, been most faithfully carried out, and consequently the care and treatment of the patients are better. It is at present exceptional to find neglect of supervision, or the omission of its careful record in the book kept for the purpose. There is also on the part of the bulk of parochial boards a willingness to give effect to the suggestions of the officers of the Board; and when new cases occur, the standard of house accommodation and of comfort which is provided is generally such as at once to satisfy the Board."

And Deputy Commissioner Lawson reports that:

"The insane who are resident in private dwellings and specially licensed houses throughout the district assigned to me were found during my last visitation to be so well cared for that only in a few instances was it necessary to make more than merely casual suggestions for the improvement of their conditions."

The overcrowding of asylums renders the necessity for a boarding-out arrangement increasingly apparent, and this may be taken to account for the number of such patients so situated who with us would be provided for in one or other of the private asylums. It is satisfactory to know that the results obtained by this plan are favourable, but however much this may appear to be the case, there cannot be expected that so much benefit will be derived by patients thus precariously situated, as would follow were they regularly cared for by experienced persons in duly appointed institutions for the insane. Indeed, the Commissioners themselves acknowledge

this, in a measure; and it is significant that in spite of all the favourable reports received by them they are nevertheless compelled to observe that "there are still, and perhaps there must always be, cases in which we are compelled to give our sanction to conditions that are not quite satisfactory. In the case of patients under the care of their parents or other natural guardians, it is sometimes impossible to obtain what we regard as desirable to make the patient's condition satisfactory, without removing him to other guardianship, or making some other radical change in the arrangements to which the natural guardians will not consent."

On the subject of private asylums the Commissioners are united in commendation of the arrangements existing in them for the comfort of patients; and in no single instance is any complaint uttered against either the administration or the buildings. Special attention is again drawn to the success attending the employment of lady attendants at Staughton Hall Asylum, near Edinburgh. "They are in constant association with the lady patients both in and out of doors, and they are assisted by ordinary attendants, acting more or less as ladies' maids, and by housemaids and tablemaids. The way in which this introduces ordinary domestic arrangements and habits into the life of the asylum is believed to be very beneficial to the patients." This plan has also been followed with success at the Whitehouse Asylum, where, in addition to the ordinary attendants, four lady companions, who do no menial work, have charge of the female patients.

Parochial asylums and lunatic wards of workhouses generally are favourably noticed by the Commissioners, who, beyond suggesting improvements in the arrangements, &c., find no fault with them.

During the year five patients were admitted to the establishment for State or criminal lunatics at Perth, and two patients, one male and one female, were discharged recovered within the same period. Four men and one woman were also sent away not recovered, and four male prisoners died. On December 31, 1880, there remained a total of 55 inmates of the institution. The following important communications respecting this asylum have been made to the Commissioners in Lunacy by the Medical Commissioners, and should at any rate excite an immediate desire to remove the abuse complained of:

"The chief defect in the management of the establishment continues to be due to the insufficiency of the extent of ground devoted to the exercise and employment of men. The mental condition of many of them might be greatly improved if a suitable opportunity of employment were available; and it is impossible to provide this without a considerable addition to

the extent of land. A very large proportion of the men are in a condition of constant excitement or irritability, which is injurious both to themselves and the other inmates, and which would be greatly allayed by out-door occupation. Many of them labour under forms of insanity which are similar to those met with in ordinary asylums, and which are found comparatively free from dangerous violence and not requiring special treatment when in such institutions, though in these wards it is found necessary to keep them under frequent mechanical restraint.

"It is perhaps impossible, in the present circumstances of the establishment, to avoid resorting to this extensive use of mechanical restraint; but it cannot be overlooked that in most cases it intensifies the state of irritability from which the impulses to violence arise. The evil has been frequently dwelt on in previous reports; but it is proper that attention should be again and again drawn to it, in the hope that steps may be taken to apply a remedy. Ample elbow-room and greater facilities for industrial occupation would undoubtedly be accompanied by a great improvement in the condition of most of the male inmates."

In the report dated 10th July, 1880, it is stated that "six men and two women were found mechanically restrained," and it is added that "these numbers would be immediately reduced if active out-door work were more abundant, and if the airing courts were enlarged."

Considerable space is devoted in this report to the question of exercise and recreation of patients in asylums, and it is a pleasant reflection that a much greater amount of liberty is now enjoyed by the unhappy victims of mental disease than used to be the case. By the extension of the principle of freedom as far as possible in Scotland three important improvements have been introduced into the mode of treating patients, viz.: (1) the abolition of walled airing-courts; (2) the disuse of locked doors; and (3) the extension of the practice of giving liberty on parole. The Commissioners comment on each of these subjects separately. Under the second heading they write; "It is year by year becoming more clearly recognised that many advantages result from the working of the open-door system, and it has now been adopted to a greater or less extent in most of the Scotch asylums. In the Fife and Kinross Asylum, which contains about 330 inmates, only two wards, one for 20 female patients and one for 30 male patients, are kept locked; and in the Barony Asylum at Lenzie, which accommodates upwards of 500 patients, there is free communication between all the wards, as well as free egress from each of them to the general grounds of the estab-



lishment." The advantages claimed for the system are many, and chief among them may be mentioned the removal of any cause for a patient to watch a chance of finding egress through an incautiously opened door, and the consequent greater quietude of his condition at all times. One effect of the removal of physical restrictions is described as stimulation of efforts to develop the industrial occupation of patients. The benefits of healthy and moderate employment cannot be over-estimated in many instances, and although the system is not applicable in every class of cases, yet sufficient good is achieved by it to render its general introduction of desirable attainment. We cannot give space to a further account of the attempts being made in this direction in Scotland; but a reference to the pages of the Commissioners' report in which they are described will be well repaid.

During 1880 167 private patients, or 27 below the average for the preceding five years, were discharged recovered out of the total number under treatment; and of paupers 941, or 80 above the average for the five years preceding. The following table detailing the percentage of recoveries under each class is instructive :

Classes of Establishments	Recoveries per Cent. of Admissions			
	1875 to 1879		1880	
	M.	F.	M.	F.
In royal and district asylums . .	36	44	41	41
In private asylums . . . .	40	44	36	38
In parochial asylums . . . .	33	36	44	37
In lunatic wards of poorhouses .	11	10	4	8

It will be observed that in this statement private and pauper patients are not distinguished from one another. It would be necessary that this should be done, and also that the effect of transfers should be eliminated from the calculations before the results obtained in the different classes of establishments could be fully appreciated.

Excluding transfers, 145 private and 303 pauper patients were discharged unrecovered; and the number removed on probation was 87. Of these 28 have been finally discharged, 4 died, 7 remain in care of friends, 12 have been returned to asylums, and 38 remain on probation.

This report is full of interesting information, and is in all pertaining to the care and treatment of lunatics replete with valuable suggestions. We regret that we are unable to devote further space to an examination of its contents.

## IN MEMORIAM.

Dr. ISAAC RAY, M.D., born January 16th, 1807 ;  
Died March 31st, 1881.

BETWEEN Dr. Isaac Ray and myself there has subsisted a most intimate and cordial friendship for nearly fifty years. Yet we never met. The cherished tie was mutual respect, identity of pursuits, and appreciation of the qualities and objects of our minds ; and these strong and earnest bonds have stood the test and tear and wear of half a century of wide separation by time, continents, and opinions, and now leave me an aged mourner over the last of his early compeers and with the same profound respect and sentiment of attachment originally created, and which was shared by Lord Cockburn, then Attorney-General of England, for the philanthropist who had written "the most scientific treatise that the age had produced on the subject of insanity in relation to jurisprudence." On my side the introduction was effected by my perusal and admiration of the work thus characterised, which appeared at Eastport, U.S., in 1838, which coincided so closely with the philosophical views which I then entertained, advocated so lucidly and with such humanity the condition, the capacities, and the practicable amelioration of the insane, and was couched in a style so pure, dignified, and thoroughly Anglican, that I then ranked and still rank the book as among the classical works in our department. Our intercourse was sustained by correspondence, but chiefly by the interchange of our respective writings, and the views and the hopes and experience which these contained. I journeyed with him in all his onward steps towards that elevation to which he ultimately attained. I studied and conserved his principles and propositions, and it is possible that he offered me the same homage in becoming acquainted with what I did and what I aspired to do. I embraced or anticipated his views on the "Legal Consequences of Mental Deficiency" both as they were propounded judicially and philanthropically. I advanced still further, and at a period when such opinions were regarded as heretical, I admitted with him the existence of "Moral Mania" as cognate with other forms of insanity, and as exonerating patients so affected from the accusation or punishment of guilt. His perspicuous illustrations of the "Duration and Curability of Madness," "Lucid Intervals," "Simulated Insanity," all presented freshness and fulness to the mind of the Anglican psychologist. His observations on the effect of insanity on evidence are, especially in connection with several of his subsequent

Papers, still worthy of grave attention. Amongst the more recent writings alluded to are many of his essays composed and published after he had retired from the public charge of the insane, established himself in Philadelphia, and devoted himself either as a student or an expert to testify to sound views as to the responsibility of those suspected of alienation or actually brought to trial. Amongst these may be enumerated "The Law of Insanity in Criminal Cases"; "The Trial of Rogers"; "The Insanity of Seduced or Deserted Women"; "The Parish Will Case," &c. &c. &c., and a large number of others comprehending even a wider subject, and containing vast stores of knowledge and experience which had been garnered in the most fertile fields, and by the most careful and conscientious of cultivators. All these memoirs were written in the purest, most lucid, and unprovincial English that has ever been attained either by a scientific or literary foreigner. My venerated friend lighted his path by the lamp of religion, high morality, and domestic affection until the very close of life.

Dr. Isaac Ray was born at Beverly, Mass., January 16, 1807; he graduated at Harvard Medical School in 1827; in 1841 he was appointed superintendent of the State Hospital for the Insane at Augusta, Me., where he remained till 1846, when he accepted an appointment to the superintendency of the Butler Hospital at Providence, R.I. In this institution, which may be said to have been created under his auspices, Dr. Ray remained a laborious administrator and faithful student of this great specialty, for the benefit of the public—*non sibi sed toti*—until the year 1867, when, impelled by considerations of health, he resigned, and removed to Philadelphia. Since the period of his retirement Dr. Ray has never ceased, even under the infirmities of failing health, to enlighten his profession and the community as a scientific authority, a learned expert, and a philanthropist.

The last words written to me by my dear and valued correspondent are dated January 11, 1881, and conclude as follows:

"If I have made mistakes, it ought to be considered that I was a sort of pioneer in a department of medical science which had been little trod before, and really deserve commendation for having made so few. I certainly drew attention to the subject as it never had been done before, and honestly believe that between 1838 and 1881 some advance has been made, sure and stable, in the right direction.

"You heard correctly that my health is failing. An old bronchial complaint, reinforced by an old chronic rheumatism, has sent me a long way towards the end. I am so short of

wind, that the slightest muscular movement makes me pant, and keeps me confined to the house, oscillating between the sofa and easy chair. My nervous apparatus is also so disturbed that all capacity for thinking has gone, or with not more left than is sufficient for reading a newspaper or a novel. Generally my hand is so shaky that I am unable to write beyond a few minutes, and I am now surprised that I have accomplished so much as this. Of course with such ailments, and with 74 years on my head, I cannot last much longer. I am rejoiced that your latter days' journey is attended with so many alleviations, and trust they will continue to the end.

"My friend Dr. Kirkbride, who a year ago was near unto death, seems to be as strong as ever, and has even written a book. But my hand begins to tremble, and my brain to swim, and so I hope you will excuse my stopping here with so much blank space left. Again expressing my thanks for your kind inquiries, I remain," &c. &c.

W. A. F. BROWNE.

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ARCHIBALD BILLING, one of the most distinguished and accomplished physicians of this century, loved and respected by all who knew him, has at length, full of years and honours, passed away from us at the patriarchal age of 90, at his house in Park Lane.

Dr. Billing was a native of Ireland. He studied at Trinity College, Dublin, and graduated at Oxford. He was elected a Fellow of the Royal College of Physicians of London in 1819; and at the time of his death he was the oldest Fellow on the roll. He was the founder of clinical lectures, and the author of *First Principles of Medicine*, a profound and original work of great value when it was written, the absorbing study of the details of morbid anatomy having at that time withdrawn the attention of pathologists from the recognition of general truths. Those who were acquainted with him in private life can bear testimony to his kindness of heart and gentleness of demeanour. As a consultant he was most honourable, and never aimed at raising his own reputation at the expense of a brother practitioner.

Dr. Billing was tall and thin, with a very pale face; nevertheless, he had a remarkably vigorous constitution, and until towards the close of his career made all his professional visits on horseback, and might often be seen, after a hard day's work, cantering along Rotten Row, accompanied by his daughters.

## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

- A Treatise on Diseases of the Nervous System. Illustrated with Lithographs, Photographs, and two hundred and eighty Woodcuts, 2 vols.* By JAMES ROSS, M.D., M.R.C.P. Lond.; Assistant Physician, Manchester Royal Infirmary; Consulting Physician, Manchester Southern Hospital. Churchill, London, 1881.

THE progress of investigation, clinical and experimental, tends to make works on diseases of the nervous system become speedily out of date. Even standard treatises are obsolete in a few years. It is not that the older books were inaccurate in their descriptions of disease, or were wrong in their treatment of it. On the contrary, it is easy to find, in old medical literature, portraiture of disease as vivid, as striking, and as accurate as any that can be found in the pages of our best modern writers. The old authors fall into desuetude, not because their statements are inaccurate, but because, since their day, many additional facts have been observed, interpreted, and embodied with our previous stock of knowledge. A ripening experience has not merely added new facts, but has discerned the relations that bind them together. And so it happens that nervous diseases are now perhaps as well understood as any other disease whatsoever. The changes in structure that underlie altered function have now to a very large extent been made out; and it is now possible in most cases to say, with a close approach to certainty, what is the precise seat and nature of the disease.

The work before us is a noteworthy one, and is sure to become the standard treatise on diseases of the nervous system. It possesses all the marks of the highest merit in standard works. It is comprehensive; it is accurate; it is thoughtful. The style is plain, simple, and clear—such as befits both a scientific subject and an earnest worker. The illustrations are copious; many of them are original; most of them will be new to English readers, while they are all characterised by the ease with which they are understood and by the appropriateness with which they throw light on matters that otherwise would be difficult of comprehension.

Regarding the plan of the work a few words may be said.

The first portion, occupying about two hundred and eighty pages, treats of the general pathology of the nervous system, and includes an outline of the structure and functions of the nervous system generally. Chapters on etiology, symptomatology, the elementary affections of the Sensory, of the Motor, and of the Nutritive apparatus follow; and the general diagnosis, prognosis, and treatment of nervous diseases are discussed with considerable fulness. The remainder of the work is occupied with the Special Pathology of the Nervous System.

The divisions under which the Special Pathology is dealt with are five: diseases of the peripheral nerves, of the sympathetic system, of the spinal cord and medulla oblongata, of the encephalon, and lastly of the encephalo-spinal system. A minute and admirable account of the anatomy and physiology of each portion of the nervous system precedes the descriptions of the diseases to which it is subject. When thus examined in the light of physiology, the diseases become much more intelligible; and we do not know any systematic work in which anatomy and physiology have been kept so steadily in view throughout, and in which the application of physiology to medicine has been so fruitful of good results.

This work embodies the outcome of continental, as well as of home, neuropathic research. Not merely is it a credit to the provincial school where so much work of merit has been accomplished; it is an ornament to English medical literature.

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*Diseases of the Nervous System, especially in Women.* By S. WEIR MITCHELL, M.D. London, Churchill, 1881.

THIS book consists of a pleasant series of lectures by a distinguished American physician. The subjects dealt with are mostly unusual or puzzling varieties of nervous diseases in women, and the mode of treating them.

Formerly no cases were more unsatisfactory as regards treatment than some chronic hysterical ailments. The patients were confirmed invalids, the despair of physician after physician, who in turn had charge of them. In most cases the patients are weak, pallid, and flabby. The successful treatment of these cases is accomplished by seclusion, rest, massage, electricity, and full feeding. In a comparatively small number of cases the patients are stout, but not well coloured; though fat they do not look healthy. These cases require a little modification in the foregoing treatment. They must first for a while be underfed, and then built up afresh by over feeding. The

absolute rest enables the underfeeding to be carried out with safety, while the massage and electricity take the place of exercise. By these means Dr. Mitchell, and many other physicians, have had unprecedented success in the treatment of these trying and distressing maladies.

The book is a good and useful one and will repay perusal.

*Rheumatism: Its Nature, its Pathology, and its Successful Treatment.* By T. J. MACLAGAN, M.D. London: Pickering & Co. 1881.

THIS work, by Dr. MacLagan, who was the first to introduce salicylic acid as a remedy for acute rheumatism, is full of suggestive remarks and valuable practical hints. His theory is that acute rheumatism is the effect of miasma, and he quotes Haygarth who "thought that there were several analogies between an ague and a rheumatic fever." For the facts on which he bases his theory we must refer our readers to Dr. MacLagan's work. They are too numerous for insertion here, as our space is too limited for their enumeration. We are at issue with the author as regards the comparative value of salicylic acid and quinine—he gives his preference to the former drug; we think the latter is by far the most efficacious remedy, given with bicarbonate of potash, and held in solution by means of a solution of gum arabic.

*American Journal of Insanity.* July, 1881. Edited by Dr. J. P. GRAY, of Utica, N.Y. State Lunatic Asylum, New York.

THIS journal never disappoints us. The following remarks by Dr. Jacob Weiss of Vienna on Melancholia deserve especial notice:

"It has become the custom to regard, as a stage of melancholia, conditions of stupor beginning with general depression, under the name of *melancholia cum stupore*, in contradistinction to *melancholia activa* or *agitata*. We have elsewhere insisted that stupor is not to be confounded with the clinical phenomena of melancholia, that the condition of stupor stands in no closer connection with melancholia than with any other form of psychical disturbance; and if the systematic grouping of different symptoms is to have any significance at all, we must not lose sight of definite characters as belonging to a definite

complexus of symptoms. This is not the case, however, if we regard as characteristic the anxious and gloomy frame of mind, with all its concomitant expressions of self-reproach and tendency to suicide, while at the same time we consider the state of total psychical and motor arrest, without spontaneity whatsoever on the part of the patient, likewise a melancholic condition. Depression and fretful self-disparagement, the cardinal symptoms of melancholia, have just as little to do with stupor as with typical mania. It is an error to suppose that there is behind stupor a condition of depression and anxiety. Convalescents from stupor remove all doubt in regard to this point, since they aver that they thought of nothing and were incapable of thinking, intimating that all cerebral activity is impossible.

"This is not the case with melancholics. Psychical processes take place, if in dreary monotony of distressing ideas. The melancholic is never so apathetic and void of all spontaneity, never so listless and indifferent as the patient in a state of stupor. Apart from the intercurrent stages of extreme excitement which frequently supervene under the influence of great anxiety, the melancholic always evinces a certain degree of activity, a necessity to give vent to his woes and self-depreciation, which is entirely excluded by stupor. We may refer, in this connection, to the frequent cases of senile melancholia, which are diagnostically obscured by stupor only in extremely rare instances, indeed almost never."

The whole of the article, as well as all the other papers, are well worthy of perusal.

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*The Medical Record, a weekly journal of Medicine and Surgery.* New York. July 30, 1881.

WE regret to find the following statement, made by the editor, in a notice of Mr. Cyples's work, "An Inquiry into the Process of Human Experience":—"It is undoubtedly the tendency of scientific studies to incline the mind toward materialism." We beg to protest most decidedly against this assertion. A smattering of science no doubt "puffeth up," and makes "the fool" say "in his heart there is no God." It is far otherwise with our deepest philosophic and scientific thinkers, *e.g.* Bacon, Newton, Bradley, Pascal, Barrow, Whewell, Sir Humphry Davy, Faraday, Brewster, &c. &c. These men "looked from Nature up to Nature's God." We would remind the writer of Lord Bacon's celebrated aphorism:—"A little philosophy inclineth men's minds to Atheism, but depth in philosophy bringeth men's minds to religion."



*The New York Medical Journal and Obstetrical Review.*  
Edited by Dr. FRANK P. FOSTER. August, 1881. New  
York: D. Appleton & Co.

In this number Dr. H. H. Kane discusses the important question of Habits. He is the author of *Drugs that enslave. The Opium, Morphine, and Chloral Habits*. He contends that there is such a thing as chloral habit, although it has been denied. He instances two cases of chloral-taking which had given rise to habits, after there was no further occasion for the use of the drug. The most interesting part of his paper is that in which he discusses the meaning of the word habit. He says:

"It is a term that is, at best, indefinite, and one that has been used by different writers very loosely. There seems to be no single word in any language that expresses precisely the hold upon the system acquired by certain drugs, when taken for a longer or shorter period. Levenstein finds the term 'morbid craving for morphia' best suited to his understanding of the peculiarities of these cases. Like the word 'habit,' however, it does not express the matter either fully or clearly.

"Of those people who are addicted to the continual use of morphia and chloral there are two classes, the division resting upon the manner in which the drug was first used. In the one class there is a morbid appetite that may be fed upon excitement, alcohol, absinthe, quinine, hashish, bromide of potassium, chloral, or opium. It may have for its subject anything, and will be classed according to that upon which the appetite becomes most fully fixed. Given a person with such morbid propensities, and let him, either of his own free will or through the agency of another person, begin to use any drug of this class, and he will fix upon that drug in nine cases out of ten and become an habitual user of it. Once habituated to its use, the entire nervous system rebels at its withdrawal, and the victim to his own morbid appetite continues to use the stimulant or sedative, as the case may be, not because the satisfaction first experienced continues, but because any attempt to do without the agent produces such distressing symptoms that the weak-willed patient is compelled to resort to that which he at one and the same time loves and hates. Opium and morphine, but more especially the latter when used subcutaneously, seem to stand first in the list of those substances that have the power to enslave persons of this class.

"In the other class there is no morbid craving for any form of stimulant or narcotic, but the long-continued use of the drug, usually for the relief of pain, produces a systemic state analogous

to that existing in the first class before the drug was taken. In the one the drug ministers to a morbid craving already existing; in the other it establishes a necessity for continuing its use. The objection to the term '*craving*' in this connection is that it implies a longing for something that is expected to give pleasure, whereas to the majority of habitués pleasure becomes a meaningless word after a short time, and 'inability to do without' takes its place. It is really an hereditary or acquired involuntary tendency, that through accident or design becomes fixed upon a certain stimulant or narcotic that develops, increases, and perpetuates the tendency.

"As an example of the second class of cases, we may take those persons who, having absolutely no desire or longing for tobacco, commence its use simply because it is the custom, despite the fact that it sickens them at first. Having continued its use for some time, they find that they have fastened upon themselves a habit that requires no little will power to shake off. Tobacco is the type of those substances that possess less *fastening* power than morphine. To this class belong alcohol, chloral, hemp, the bromides, quinine, &c. In the case of each, we find persons who can and do use it for a certain length of time without the establishment of that systemic state that calls for a repetition of the dose as soon as the effect of the preceding dose has worn off. The knowledge of this fact, however, does not prove to us that certain persons, owing to some peculiarity wholly unknown to us, will not under the same circumstances become abject slaves to the necessity for continued use."

There are also some valuable *Psychological Notes* in the same number which will interest all engaged in the treatment of insanity.

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*Thirty-Eighth Annual Report of the Utica State  
Lunatic Asylum.*

THE report of the managers of the State Lunatic Asylum of Utica, for the year ending September 30, 1880, is an interesting one in many respects. During the twelve months, 1,088 patients were under treatment, 468 having entered within the year, 620 being the number in the institution at its commencement. Of these, 565 were men, and 523 women; while the discharges amounted to 271 males, and 203 females. These latter are apportioned as follows: recovered, 155, viz. men, 74, women, 81; improved, 66: men, 40, women, 26; unimproved, 197: men, 117, women, 80; not insane, 14: men, 13, women 1; died, 42:

men, 27, women, 15. Deaths took place in the case of seven patients within eleven days after admission, acute or chronic disease being at the date of their entry well determined. To these must be added two cases of suicide, omitting which and thirteen deaths from paresis, the number of instances of what may be termed preventible mortality is reduced to five—a small percentage on the total number of inmates. These five patients died: three from meningitis, one from cerebral congestion, and one from acute pleurisy. No case of zymotic disease occurred during the year; and the general health throughout the asylum is described as excellent. Certainly the results speak well for the hygienic and sanitary arrangements, in carrying out which considerable expense is shown to have been incurred, from the balance-sheets included in the report. It may be that the advice tendered by the superintendent, and followed in part in the Utica asylum, is calculated to bring patients under the most favourable circumstances for treatment in case of illness. It certainly deserves to be noticed. He suggests the construction of a small wing in connection with the wards, for the especial care of the sick; and the experience obtained on trial of the plan on the women's side of the house has been of the most favourable kind. It is calculated that such a hospital wing, with necessary bath and service rooms, heating apparatus, &c. costs about £2,500. It offers very fair prospects of being attended with advantages.

The important subject of staff discipline affords material for some apposite observations in this report, and it appears from it that stringent regulations are enforced in the asylum to ensure the most favourable treatment of patients by those entrusted with their care. "Nothing," it is urged, "short of the highest discipline can secure that degree of oversight and care so essential to the comfort of the patient and his restoration to health"; and we may add that the pages before us amply testify to the zeal and efficiency, with the duty of superintendence, in this particular has been carried out. The truth contained in the following statements might, we fear, be better appreciated in more than one public institution in this country, to the advantage of patients, and the success of the asylum. "In their daily intercourse with patients, the attendants are required to be governed by the same laws of politeness that are recognised and obeyed in ordinary life. Indeed, they must extend to those under their care far more than the ordinary consideration and kindness of humane society." With experiences of the uncouth, careless demeanour of state asylum attendants in this country before one, there is some difficulty in understanding that this is written of officials in

public asylums for the insane in America. That it simply defines what is, after all, no more than ought to obtain, does not lessen the force of the comparison; it can only excite an earnest wish that such enlightened rulings may quickly become commonly recognised in place of the harsh, unfeeling principles that seemingly guide the conduct of keepers in British state-supported institutions.

The question of restraint, important in itself, doubly so in its issues, is discussed at some length. The managers of the Utica Asylum "have not failed to observe in some quarters a disposition to create agitation upon questions which might be supposed to have long ago settled themselves in the light of experience, if experience is to be allowed to settle any issue that is acknowledged to rest upon a practical question of fact. There must be some subjects, however," they continue, "upon which experience proves the safest test of practicability; and such a subject, we believe, is the care and treatment of the insane, and the conduct and management of our lunatic asylums. The managers would refer especially to the discussions that have arisen among professional men in the care of asylums in regard to the desirability of abolishing and dispensing with all forms of mechanical restraint in the treatment of the insane, and the question whether various proposed substitutes for these things are really in the line of advance, or rather form a retrograde movement in dealing with this fearful malady. This discussion, carried on almost with acrimony by some theorists, is reflected outside of the circle of professional experience, even in the ordinary newspaper press, creating prejudice, not to say alarm, in the popular mind, and is more or less concerned in the legislative inquiries into the internal management of the public institutions that have been prompted from time to time. Feeling, therefore, the importance of the subject, the managers have requested the superintendent of this asylum to include in his annual report to them a full presentation of the present *status* of professional opinion and practice on this question, whatever it be, fortified by such facts of experience as may throw light upon it and furnish its justification."

This report of the superintendent, Dr. John M. Gray, is printed in full, and constitutes an admirable and exhaustive analysis of the opinions held in respect to restraint by a large number of eminent authorities. It forms most instructive reading and reflects infinite credit on the author of the paper, who is thus enabled to put the whole question in judicial form before the eye; and not least instructive is the final conclusion at which he arrives, and which is but a repetition, to the following effect, of that which, as he says, he uttered twenty years ago:

"We look upon restraint and seclusion, directed and controlled by a conscientious and intelligent medical man, as among the valuable alleviating and remedial agents in the care and cure of the insane. That they are agreeable in their application or use, either to the physician or patient, no one will maintain. Indeed, few, if any, medical prescriptions are agreeable. The bitter and nauseating draughts, the abstinence in diet, the seclusion of the patient to the sick room, and the exclusion therefrom of friends, are prescriptions for the cure of disease, as are the knife and appliances of surgery, and they are adopted and prescribed as such. The physician who would not administer the best remedy because it might offend the taste, or the surgeon who would not use the knife, or other means, because he might thereby cause pain; or the obstetrician who would lay aside, under any such consideration, the remedies required in critical cases, would be unworthy of the profession, and the confidence of the public."

Occupation for the insane is considered at some length, and expressions are employed in accordance with the general English view that beneficial results are obtained from insistence on a due amount of labour, to be exacted from all capable of healthy employment. There is every indication indeed, that the affairs of the asylum are conducted with the strictest regard to the chief purpose for which it exists, viz., the cure, and improvement of the mentally unsound. The whole report is most satisfactory, and in many places is full of valuable suggestions.

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*Sixty-fourth Annual Report of the Asylum for the Relief of  
Persons Deprived of the use of their Reason, Philadelphia.*

THE Asylum for the Relief of Persons Deprived of the Use of their Reason is the somewhat extended title of a small institution at Philadelphia, managed by members of the Society of Friends. The sixty-fourth annual report of the Superintendent, Dr. John C. Hall, briefly details the changes which have taken place among the inmates under his care during the twelve months covered by it. From it we gather that one hundred and thirty patients were treated in that time, of which number 40—17 men and 23 women—were new arrivals. Thirty-six discharges are chronicled; of these 14 were restored, six much improved, three were improved, and 13 were stationary. This asylum might, we should imagine, justly claim to be the paradise of chronic cases, judging from the length of time many of the patients have been resident therein. One of the discharged

is said to have been an inmate of the asylum "about forty-seven years," his removal to a state hospital having been necessitated in consequence of the cost of maintenance. The superintendent cheerfully explains that "a large majority of those who are at present inmates of the house are chronic cases, in which the hope of recovery is but small," and further on he adds, "A number of these have been residents of the asylum more than thirty years, are now quite advanced in life, and will in all probability add to our mortuary list, as similar cases have in the past year." This touching trustfulness in the certain extinction of the aged chronics, who form the major part of those for whom he is called upon to care, oddly precedes the statement that "The general health of the patients has, however, been good, there having been no epidemic or endemic disease prevalent."

The following passage from the report is worthy of note, and will probably be endorsed by all who are widely familiar with the prominent part played by alcohol in the causation of insanity:—"In considering the causes of insanity among those admitted last year, we find seven patients, four men and three women, whose disease was attributable directly to intemperance. I believe its influence in the production of insanity to be rather understated than otherwise. If those cases could be numbered in our statistical tables where the indirect effects of this vice can certainly be traced, the list would be augmented."

The occupation question seems to excite the American superintendents of asylums in a great degree; and even in the little institution maintained by the Philadelphian Quakers, a difficulty arises in respect to it during the colder part of the year. The long winter evenings are with difficulty got through without the aid lent by amusements, and in America these are largely enlisted as a means of expediting the passage of time. In the summer less trouble is met with in this respect, and the Philadelphia asylum is well situated in wooded country, and provided with ample gardens and lawns.

This report includes no special details of scientific interest, but is a plain, unpretending record of the year's progress.

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*Annual Report of the Kingston, Ontario, Asylum for 1880.*

DURING the year ending September 30, 1880, there were under treatment in the Kingston Asylum 491 persons, of whom 245 were male and 246 female patients. Of this number 32 died. The number of admissions in the twelve months was 68, 31 being women. The discharges amounted to 24, 15 men, 9

women; in addition to these two males "eloped." The discharged patients are divided into probationers and permanent. Of the former there were 14, 5 of whom were sent away as "recovered" and 1 as "improved." Three others have been returned to the asylum, and 5 were at the time the report was issued still at large on trial. The superintendent explains that, owing to sundry circumstances, the institution under his care contains but few acute cases, the great majority of the residents being incurable, thus bringing the discharges to a very meagre total. He makes the suggestion that were district physicians to urge the immediate removal of patients to the asylum while their insanity is still in the acute stage, much greater benefits to them would be the result. Among the deaths was one of a man subject to severe epileptic attacks, who succumbed during a paroxysm of unusual length. On *post-mortem* examination the skull was discovered very much thickened and indurated, and in places bony projections into the cavity were found. Disease of the membranes existed also, but the brain attained average weight and development, and "no disease could be detected with the naked eye." It is perhaps too much to expect that every asylum shall contribute pathological records concerning the condition of those of its patients who die while under treatment, but there are an infinity of reasons why they should be obtained whenever possible. In many of the better managed institutions this is now attempted as far as possible, and we may by and bye be able to look upon those asylums whence such reports do not emanate, as the exception rather than the rule. The gross results of *post-mortem* examinations are valuable so far as they go, but they do not go nearly far enough to satisfy the curiosity reasonably felt by the medical psychologist to know what are the conditions set up by the diseases of insanity. Only as knowledge of the most perfect kind in this direction is accumulated, can we hope to make a real advance in the science of treatment.

The bulk of this report deals with matters that will have interest only for the subscribers to, and governors of, the institution in question; but the paragraphs relating to winter amusements provided for the inmates are noticeable as showing the extent to which this mode of providing for their wants is practised on the other side of the Atlantic. Indeed, in all American asylums much stress is laid on the necessity of affording frequent evening entertainments to the patients, and, as a rule, the work seems to be well and faithfully carried out. So far as any direct judgment on the advantages conferred by these attempts to divert the minds of the insane for a time from their pre-occupation, can be formed, it must, of course, be

drawn from a study of the statistical returns provided in the reports furnished from time to time by professional superintendents, and comparison of them with similar statistics from other places where a like plan of providing amusements is not followed out. We do not propose to do this here any further than to say that any superiority of result is apparently on the side of those who systematically pursue the former course; and with American institutions for the treatment of insanity generally, it is found that much good is obtained from frequent introduction of such an element of change as is instanced in these entertainments.

The following extract from the Kingston, Ontario, Asylum report under notice, inserted in the inspector's account of his visit to the institution, will be of interest as showing the necessity for an arrangement which exists in all well-regulated establishments in this country:

"In previous minutes I have called attention to what appeared to me to be a rather serious defect in the asylum service, viz., the performance of ward duty by the mechanical staff of the asylum. It was quite evident that if the carpenter, tailor, gardener, and farmer performed the work required of them in a satisfactory and efficient way, they could not have time to look after patients other than those whose work they were required to direct and supervise. Such being the case, the Medical Superintendent was instructed to detach the *employés* named from the list of attendants and require of them only the performance of the work their respective designations indicated."

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*Annual Report for 1880 of the Inspector-General of the Insane, New South Wales.*

THE official report of Dr. F. Norton Manning, Inspector-General of the Insane for New South Wales, is a document from which very much interesting and instructive information is to be obtained. It extends over forty-four closely-printed pages of foolscap, and deals with the condition and progress, during the year ending December 31, 1880, of a total of 2,099 patients, distributed through six permanent and one temporary hospitals, and one licensed house. The number of patients admitted for the first time into the hospitals for the insane during the year was 267 male and 145 female, a total of 412; and the readmissions numbered 28 males and 30 females, a total of 58. The admissions and readmissions together were 470, being in excess of those for any previous year. The



number of patients received from other institutions for the insane—transferred under section 80 of the Lunacy Act—was 66. At the Licensed House, Cook's River, 5 patients were admitted for the first time, 1 was readmitted, and 9 were received from other institutions. It thus appears that the total admissions to all the institutions was 417, the readmissions 59, and the transfers 75. The largest of these institutions, the Paramatta Free Hospital for the Insane, contained, during the twelve months, an average number of 744, 562 males and 212 females; 124 patients were admitted, and 41 discharged recovered; while 3 were absent on leave, and 53 died in the hospital. At the date of the report the number of inmates had risen to 839, and complaints are made of the insufficient accommodation afforded by the existing buildings for the large number it is found necessary to receive within them. The Medical Superintendent reports his regret "that the new buildings intended for the comfort and reception of the female patients remained almost in the same condition as they were this time last year. No steps have been taken towards completing them, and this excellent block of buildings remains useless and uninhabitable, whilst the female patients are consigned to such accommodation as is a standing reproach to an institution dedicated to the care and alleviation of the most terrible forms of human suffering." This unsatisfactory state of affairs may well arouse the expostulation of the officials, on whom, moreover, must fall some share of the blame attaching to improper arrangements, however much they may deprecate their existence. With the drawbacks thus apparent it says a good deal for the executive, that it is possible to record a percentage of 46 recoveries on admissions of free patients, while on all classes, the hospital receiving in addition a certain number of criminal lunatics, the percentage of recovered is 39·4 on first admissions. Amongst the deaths we find one at 89 years, this patient having been a resident in the Paramatta Hospital for a quarter of a century. A male, aged 72, died after being 32 years an inmate, and the youngest who succumbed was 26 years old, resident nine months. One patient, over 80, was discharged recovered after 21 days, and the average duration of residence was: of men, 8 years 9 months; women, 10 years 8 months. Two sudden deaths from apoplexy occurred, and the whole 49 who died are accounted for thus:—cerebral disease, 31; thoracic disease, 8, 6 being classed as pulmonary consumption; general debility, and old age, 9; and dysentery and diarrhoea, 1. In spite of the insufficient state of the buildings referred to, the general health of the patients is described as good, and a freedom from epidemics prevailed. In

a table showing the causes of insanity of those admitted during 1880 we find the three highest numbers (excluding the "unknown," 16) assigned to intemperance, 11; hereditary influence, 7; and ascertained congenital defects, 8. The question of amusements has occupied considerable attention, and every effort appears to have been made to secure as much rational recreation as possible to the patients in the hospital. A large theatre is provided in which entertainments and concerts are given, and outdoor recreation at suitable seasons is plentifully allowed and encouraged. The result is described as being in all respects a good one to the patients.

The next largest hospital in point of numbers at the same date, December 31, 1880, is the institution at Gladesville, where during the year a total of 988, or 496 males and 492 females, were under treatment. 247 first admissions, and 54 readmissions were registered, the discharges amounting to 161 males and 123 females, or 284 in all. These are arranged by the medical superintendent thus: 86 males and 51 females recovered; relieved, 16 males, 17 females; transferred, 21 males, 32 females; escaped and not recaptured, 2 males; and died, 36 males, 23 females, giving a death-rate on the average number resident of 8·60. Among the causes of insanity in those admitted, hereditary influence accounts for 30, intemperance for 18, epilepsy for 19, puerperal state 18, previous attacks 47, and in 114 no cause could be assigned. Some attention is deserving to the significant number of 47 patients out of 311 having been admitted for treatment on account of a recurrence of dangerous symptoms, and it cannot fail to suggest a reopening of the subject of premature discharge so often discussed in these pages. On this point further information is afforded in one of the general tables compiled by the Inspector-General, who records that the total number of readmissions during the year at all the hospitals under his supervision was 58, 54 of whom are credited to Gladesville. This yields a percentage of readmissions to total admissions of 12·39, but even this, as the Inspector-General points out, compares favourably with the numbers obtaining in English asylums, the percentage in them being 13·62 of total entries. In this calculation, in both instances, it should be said that transfers are not considered.

The Hospital of Newcastle held, on December 31, 1880, 228 patients, 124 being males and 104 females. Overcrowding here also is seriously complained of, and writing on the almost universal want of space in the hospitals visited by him, the Inspector-General thus delivers himself:

"For the year 1879 it was my duty to report that there were 263 patients in the public institutions in excess of the

number for whom there was proper accommodation—such accommodation being on the standard of cubic space fixed by the English Commissioners in Lunacy as the lowest compatible with health. During the year 1880, the only increase in the amount of accommodation was offered by the removal of the Superintendent of the Hospital for the Insane at Newcastle, from quarters in the main building, to a small detached residence formerly occupied by the Police Magistrate. This gave space for 17 patients with 2 nurses, and was occupied with patients as soon as some necessary alterations and repairs could be effected. Twenty-two patients found accommodation in the wards at Callan Park, and the remainder of the 88 were at the close of the year distributed in the already overcrowded dormitories at Gladesville, Paramatta, and Newcastle. Some minor and necessary alterations were made during the year which slightly affected the accommodation, and the following return shows this accommodation and the number of patients at the close of the year :

RETURN SHOWING NUMBER FOR WHOM THERE IS DORMITORY ACCOMMODATION, AND THE NUMBER IN HOSPITALS FOR THE INSANE, DECEMBER 31, 1880.

Institution	Number for which there is Dormitory Accommodation			Number in Hospital on December 31, 1880		
	Male	Female	Total	Male	Female	Total
Hospitals for the Insane :						
Gladesville . . . . .	269	244	503	335	369	704
Paramatta (Free and Convict) . . . . .	573	123	696	577	209	786
Do. (Criminal) . . . . .	57	..	57	53	6	59
Callan Park . . . . .	141	..	141	129	..	129
Newcastle . . . . .	111	70	181	124	104	228
Temporary Hospital for the Insane :						
Cooma . . . . .	56	..	56	64	..	64
	1,197	437	1,634	1,276	688	1,964
				1,197	437	1,634
Total Number in excess of accommodation . . . . .				79	251	330

“It is, I think, desirable to consider the extent and the character of the existing accommodation, both with regard to the steps which have already been taken to increase it, and to those which may be necessary in the future.”

Then, after detailing the improvements in course of construction, among which the erection of wooden buildings to accommodate 252, one-third the total number of female patients, he continues :

“The experiment of housing the insane in wooden build-

ings has been tried to a greater extent in this Colony than in any other part of the world, and there can be no doubt but that such buildings can be erected more cheaply than more substantial structures, and serve admirably for the accommodation of certain classes of patients. They present, however, special danger from their liability to fire, they need frequent painting and repair, and the experiment has not yet been made long enough to enable a correct idea to be formed as to its ultimate economy.

“Moreover, the experiment has now been carried to the fullest extent compatible with the safety and comfort of the patients, and experience has clearly shown that there are large classes, especially the more noisy, dangerous, and demonstrative, and all those in the acute stages of the malady, who cannot safely be placed in buildings of this kind. About one-third is the greatest number which can be placed in wooden buildings without danger or without imperilling the comfort and recovery of other patients.”

The extent of overcrowding at the Newcastle Hospital during 1880 was very considerable, 47 patients being there at the end of the year in excess of the number for whom adequate accommodation could be provided. The Inspector reports of it that—

“At the close of the year 89 males and 83 females—a total of 172—were imbecile or idiotic, suffering from congenital defect, or an arrest of intellectual development, whilst the remainder were demented, the intellect after development having failed from different forms of brain disease. No less than 30 males and 32 females suffered from epileptic fits, but in several cases in which epilepsy was present on admission it had ceased under care and treatment, but not before it had permanently affected the mental condition. The majority of the patients—143 in number—were under 20 years of age.

“The Institution had been quite free during the year from epidemic disease, and though measles were for months prevalent in the city, and several of the attendants’ children suffered, no patient was attacked. He attributed this result largely to the care exercised by the Superintendent, and to the excellent sanitary arrangements of the Hospital. In one case a patient was somewhat thoughtlessly forwarded from another Government institution only ten days after recovery from measles, but precautions were taken to isolate him after arrival and to prevent any chance of infection.”

The remaining hospital reports which are included, are the convict and criminal houses at Paramatta, the Callan Park Hospital for males only, and containing 129 patients, the

Cooma temporary hospital, and the Cook's River licensed house. Of the temporary hospital the Inspector-General reports more favourably than of any other institution visited by him in his official capacity. He writes that "the number of patients in this Hospital at the close of 1879 was 57, all males. Three patients were admitted direct, and seven were transferred from Gladesville, making a total of 67 under care. Of these one, an aged and feeble man, was transferred to Gladesville, and two died, leaving 64 on December 31, 1880. The death-rate was lower than at any other institution. The cause of death was epilepsy in one case and pulmonary consumption in the other."

At Darlinghurst a reception house for the insane is established, whence patients are drafted to permanent hospitals, or, if speedy recovery ensue after their admission, they are discharged either in the care of friends, or to the mercy of the law, according to their description as criminal or free patients. The following statement, showing the number of patients who passed into this reception house during 1880, and their ultimate disposal is interesting :

	Male	Female	Total
Remaining . . . . .	3	1	4
Received . . . . .	202	126	328
Sent to Gladesville . . . . .	122	111	233
" Paramatta . . . . .	2	...	2
" Callan Park . . . . .	49	...	49
" Newcastle . . . . .	1	...	1
" Cook's River . . . . .	1	...	1
" Hyde Park Asylum . . . . .	...	1	1
" Police Court . . . . .	1	...	1
Discharged of Sound Mind . . . . .	26	8	34
" to care of Friends . . . . .	...	1	1
Died . . . . .	1	2	3
Remaining 31st December, 1880 . . . . .	2	4	6

The licensed house for the insane at Cook's River is reported on in the highest terms by the Inspector-General, and it certainly appears as though a much greater degree of comfort was experienced there than in the public institutions. During 1880, five patients were admitted for the first time, one was readmitted, and nine transferred from the hospitals, which, with 133 in the house at the end of 1879, gives a total under treatment of 148. Of these four recovered, two were discharged relieved, two transferred, five died, and on December 31, 1880, there were left resident 135 patients. The recoveries give the very high percentage of 66·66 on the admissions, and the deaths reach an average of only 3·79 on the average number resident.

These results speak very well indeed for the efficient management and excellent arrangements of this Asylum, and this is evidently acknowledged by the Inspector-General, who pointedly remarks that even when his visits were quite unexpected, he never failed to find the patients well cared for and comfortable, and everything in good order in the Institution.

We have perused the report of the Inspector-General for New South Wales with very considerable interest, and while there is a good deal of evidence in it of a need for sweeping changes in the arrangements made on behalf of the Colonial insane, we can notwithstanding congratulate the author of the report on the conspicuous care with which his share of the labour has been accomplished, and also on the admirable assistance rendered to him by the various hospital medical superintendents.

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*Eighth Annual Report of the Western Hospital for the Insane  
of the State of Wisconsin.*

THE trustees' report on the operations of the Asylum under their control in Wisconsin, puts the amount per head required for maintenance of patients in the institution at \$4½, equivalent to about 17s. 9d. sterling, per week. This sum is somewhat in excess of that which is regarded as sufficient to support a patient for the same time in this country, since a usual charge of 15s. is made on account of pauper patients transferred to private institutions. The expenditure on account of buildings and improvements is reduced to a minimum, as the trustees point out, by the fact that in this institution it is not considered necessary to have high wire or wood fences such as are common in many other places; they say these have never been required, considering it more advisable to permit the fullest amount of freedom from restraint both inside and outside, consistent with the well-being of each individual. There exists a growing tendency in this direction, on the part of American asylum officials, and the consequences attending the introduction of greater freedom have, in all instances reported, been of a beneficial kind.

The report of the superintendent, Dr. Walter Kempster, shows a total of 719 patients; 363 male, and 356 female patients under treatment during the year; and under "discharged," we find 42, male, 22, females, 20; recovered, 77, 28 men, 43 women; improved, 77 males, 38 females; unimproved, 39; and two women sent away as not being insane. Deaths numbered 38, 23 being men, 15 women. The ages of the re-

covered patients varied from 20 to 80, and the causes are arranged in a table from which it appears that phthisis is held accountable for 14 of the whole, four of them being males; chronic brain wasting is credited with three deaths; general puresis two; and acute meningitis two. Here once more we cannot refrain from expressing a wish that facilities were generally existent to enable accurate histological reports to be made on all the cases of death in asylums; and, in the case under notice, if the energetic superintendent had spent on this work the time devoted in writing the elaborate psychologico-medical essay appended to his account of the year's work, we venture to think a much greater amount of permanent good would have resulted. This lengthy paper is in many respects excellent reading, but the views it propounds ought to be familiar to all well educated superintendents. When he deals with more practical questions, Dr. Kempster is more likely to effect good by suggesting food for general reflection. For instance, his inquiry into the causes for a preponderance of cases of dementia and melancholia among the admissions into the asylum. He has been struck by the continuance of this excessive proportion, even after the exciting causes primarily set down had been removed. After referring to the numbers in foreign institutions, he adds:

"In this hospital the percentages are as follows: of those admitted with the asthenic form of disease, as melancholia and dementia, there were 17·11 per cent. native and 22·04 per cent. of foreign born, a total proportion of 39·15 per cent. of the asthenic (depressed) type, against 6·86 per cent. of native, and 7·06 per cent. of foreign born, or a total of 13·92 per cent. of the sthenic. In other words, the number of those admitted into the Northern Hospital, with melancholia and dementia, is 19·60 per cent. greater than it is in foreign hospitals, having only the native born as patients, and 14·03 per cent. greater than in the eastern hospitals where nationalities are more nearly equal than they are here. Thus, in foreign institutions where all, or nearly all of those admitted are native born, there are 6·11 per cent. more cases of the asthenic than of the sthenic forms."

A table showing probable exciting causes in those admitted into the asylum, gives "scrofulosis" as the cause in 23 cases; "intemperance" in 15; "subacute meningitis" in 14; hereditary, either alone, or with other causes, 15; and unknown, 34. The total number of admissions for the year was 173, 92 being men. The total number under treatment for the twelve months reached 719, 303 of whom were males; and a series of instructive and carefully prepared tables, relating to these numbers is

appended to the reports of the medical officer. This is well conceived and well executed, and exhibits the institution it refers to as in an excellent condition, and one on which the executive is to be congratulated.

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*Twenty-third Annual Report of the Nova Scotia Hospital for Insane, for the year 1880.*

THE medical superintendent of the Nova Scotia Hospital for Insane, reports that during 1880 there were under his care 453 patients, of whom 43 were discharged as recovered, 28 as improved, and 1 as unimproved, while 20 died in the institution, bringing the whole number discharged to 92. The death-rate is given as 4·4 of the whole number under treatment, and on the admissions 22·47; the number of new entries having been 89, of whom no less than *twenty-five had formerly been inmates*, viz., 17 once, 5 twice, 2 three times, and 1 four times; 21 of these readmissions, it is instructive to learn, had been discharged as recovered, while only one had gone out "unimproved," and only three as "improved." Among the 20 deaths is included that of one man, by suicide, through jumping from a window. The superintendent reports that only 20 per cent. of the windows are guarded, and it is to be hoped so serious an oversight may not longer continue to facilitate suicidal dangers on the part of patients.

On the subject of "recoveries," the superintendent offers the following remarks. We would draw attention especially to the lines we have italicised, they bear their own suggestive moral.

"The recovery rate has been very favourable (48·3), nearly fifty per cent., the mean of all former years being (43·1) forty-three; but less than last year (54), fifty-four per cent.

"Recovered patients are always discharged on trial, so that we have a satisfactory report from the friends as to the recovery of the patient before the final discharge. The monthly average of patients continually out on trial, for the past year, has been (12½), twelve and half persons. Even the two cases that go to swell the death-rate, who died from incidental causes when out on trial, would have appeared as recoveries, if after two months there had been no recurrence of insanity, and this would in all probability have been the case.

"Patients discharged as 'improved,' are also on trial for a varying period before their final discharge.

"Our recovery rate is much above the average of other insane asylums and hospitals, because from limited accommo-



dation a preference is given to those labouring under acute disease, such cases (for this hospital is specially designed for their accommodation) are never refused admission.

"As previously stated (43) forty-three cases, different persons, have left the hospital so well as to be able to fill their accustomed places in society. *Among these were nine who had been discharged as recovered in previous years—six of whom were each discharged once, two twice, and one three times, making in the hospital statistics 13 recoveries from these nine persons in addition to their discharges this year.* Thirty-four (34) had never previously been under treatment."

The treatment of the insane is dwelt on at some length in the report, and is intended apparently for the information of the public in this matter. We have room only for one quotation from this part of the paper.

"We treat our violent cases as we would children. If they tear clothes, we put on raiment too strong to be torn; if they strip themselves, we button or tie the clothing so that it cannot be undone by the patient. If they pick the face or scratch themselves, we sew up the sleeves of the dress or jacket so that the fingers cannot be used for such a purpose. If they pound with their hands so as to hurt themselves, or if they strike others, we muffle the hands; but every patient who is physically able has the free run of the hall inside, and the grounds outside, along with the other patients."

A number of carefully constructed tables are appended to the Report, which is generally well compiled and instructive.

## APPOINTMENTS.

- Benham, Harry A., M.B., C.M., L.S.A.L., Assistant Medical Officer to the Royal Lunatic Asylum, Dundee.
- Boores, J. I., M.R.C.S., Medical Superintendent of the Wilts County Asylum.
- Christie, I. W. S., L.R.C.P.Ed., Assistant Medical Officer to the Leavesden Asylum, Watford.
- Cooke, E. M., M.B., M.R.C.S.Ed., Medical Superintendent of the County and City of Worcester Asylum, Powick.
- Dodds, W. J., M.D., D.Sc., Assistant Medical Officer to the Birmingham Borough Asylum.
- Griffith, J. de B., M.B., M.C.L., Resident Medical Officer at the Yarra Bend Lunatic Asylum, Melbourne.
- Huxtable, L. R., M.B., C.M., Edin., Assistant Medical Officer to the Border County Asylum, Melrose.
- Johnston, J. A., L.R.C.S.I., Assistant Medical Superintendent of the Monaghan District Lunatic Asylum.
- Jones, D. J., M.D. Edin., M.R.C.S., Junior Assistant Medical Officer to the Kent County Asylum, Barming Heath, near Maidstone.
- Middleton, W. H., L.R.C.P.S., Visiting and Consulting Physician to the Mullingar Lunatic Asylum.
- Shapley, F., M.R.C.S., L.S.A., Assistant Medical Officer to the Glamorgan County Lunatic Asylum, Bridgend.
- Strahan, S. A. K., M.D., Medical Officer to the County Asylum, Berry Wood, Northampton.
- Suffern, A. C., M.D., Assistant Medical Officer to the East Riding Asylum, Beverley.
- Thomson, A., M.B., Assistant Medical Officer to the Montrose Royal Lunatic Asylum.
- Walmesley, F. H., M.D., Senior Assistant Medical Officer to the Metropolitan Asylum, Leavesden.
- Young, W. Mussen, M.D., Assistant Medical Officer to the Suffolk County Asylum.



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